

Registration District No. 5-61

Primary Registration District No. 3755-A

1. PLACE OF DEATH:

(a) County MILLER  
(b) City or town FITZERVILLE RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller  
(c) City or town Fitzerville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GEORGE DOUGLAS FARRIS  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 14  
year 1940 hour 6 minute 30 A.M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife NORA FARRIS  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased JAN 17 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13, 1940, to Mar 14, 1940  
that I last saw him alive on Mar 14, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Haemorrhage.

8. AGE: Years Months Days If less than one day  
80 1 17 hr. min.

Due to Arteriosclerosis & hypertension  
Due to 97%

9. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation FARMER

Major findings: Of operations  
Of autopsy

MOTHER FATHER  
11. Industry or business  
12. Name GEORGE FARRIS  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name CARNEY  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant's own signature Clyde Farris  
(b) Address Beldon, Mo.  
17. (a) Burial (b) Date thereof 3-16-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Spring Garden  
18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Beldon  
19. (a) 3-16-1940 (b) Belle Haynes  
(Date received local registrar) (Registrar's signature)

23. Signature E. O. Shelton M.D. (M.D. or other)  
Address Beldon Mo Date signed 4/1/40

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number 40-42

Date Filed 4-11-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.