

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14533

State File No. _____

Registration District No. 4075

Primary Registration District No. 4075

Registrar's No. 9

7
2
0

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Bosworth mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Bosworth
(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 ELIZABETH ANN POSNICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank Pierce Farrell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 12 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER
12. Name Joh J Farrell
13. Birthplace Indiana Ind. 1
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Horvath
15. Birthplace Glasgow mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jay Barrow
(b) Address Bosworth, mo

17. (a) wharton (b) Date thereof April 7 - 1946
(Burial, ~~cremation~~) (Month) (Day) (Year)
(c) Place: burial or cremation Wharton Cemetery

18. (a) Signature of funeral director Dwight Edwards
(b) Address Bosworth mo

19. (a) Apr 6 - 1946 (b) Mrs A. G. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1940 hour 4:00 PM minute _____ M.
21. I hereby certify that I attended the deceased from Dec 25 '35
_____ 1935 to April 5, 1940
that I last saw her alive on April 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to embolism of renal artery

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12 1/2

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____

23. Signature W J Bass Brown (M. D. or other) _____
Address Bosworth mo Date signed April 9 1940

RECEIVED
District Health Officer No. 8
District File Number
Date Filed

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

David J. Edwards

Licensed Embalmer No.

2265

P. O. Address

Bosworth, Mo.

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.