FILED MAY 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16229

State File No. 82

Registration District No. 802 Primary Registration District No. 6046 Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Schuyler Fairmount Tp.

(b) City or town Queencity Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Visits To Grim & Smith Kirksville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) 2

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Schuyler

(c) City or town 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 Elbridge Faris 620

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Francis Faris

6. (c) Age of husband or wife if alive Yes years

7. Birth date of deceased January (Month) 1st, (Day) 1869 (Year)

8. AGE: Years 71 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Near Downing Mo, (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business " "

MOTHER FATHER

12. Name William E, Faris (Deceased)

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Olevia Seamster

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Mae Simmons

(b) Address Downing Mo,

17. (a) Burial Lancaster (Burial, cremation, or removal) (b) Date thereof May 2 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lancaster Cem,

18. (a) Signature of funeral director William N West

(b) Address Queencity Missouri.

19. (a) May 2 (Date received local registrar) (b) 40 N. E. Kerwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from April 15, 1940 to April 27, 1940 that I last saw him alive on April 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland

Due to

Due to

Other conditions General arteriosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations not operated

Of autopsy none

Duration

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. S. Smith (M. D. or other)

Address Kirksville Date signed 5/1/40

(Licensed Embalmers Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-40-977
Date Filed MAY 9 1940

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 My Self Wm H. West, Registered Apprentice No. 2882 working under my personal supervision.

Signed Wm H West

Licensed Embalmer No. 2882

P. O. Address Queencity Mo

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

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