

JUN 3 1940

Registration District No. 296

Primary Registration District No. 5413

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Jeffriesburg, Mo.
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (years, months or days)

8. (a) PRINT FULL NAME Edward Herman Farwig 670
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 21, 1873
 (Month) (Day) (Year)

8. AGE: _____ Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
66 7 15

9. Birthplace Jeffriesburg, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farming

11. Industry or business _____
 12. Name Henry Farwig
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Caroline Kampschmidt
 15. Birthplace Beaufort, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature ms. Walter Schroeder
 (b) Address Washington, Missouri.
 17. (a) Burial (b) Date thereof May 8 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Church Cemetery

18. (a) Signature of funeral director Wm. H. Low
 (b) Address Union, Missouri
 19. (a) 5-8-40 (b) Louis F. Howe M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
 (c) City or town Jeffriesburg,
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
 year 1940 hour 3 minute 40 a.m. a.m.

21. I hereby certify that I attended the deceased from July 6th 1939 to May 6th 1940
 that I last saw him alive on May 5th 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cholera Duration 1 day

Due to Acute Hypertension & Coronary Sclerosis
 Due to Chronic Nephritis & Chronic Interstitial Nephritis
 Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: no operation
 Of operations _____
 Of autopsy no autopsy

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 _____
 23. Signature R. R. Custer (M. D. certificate) _____
 Address Washington, Mo Date signed 5-7-40

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.

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.....

W. H. How

Licensed Embalmer No. *3175*

P. O. Address *Union 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.