DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22505

Registration District No. 659 — Primary Registration District No. 4395 — Registrar's No. 75

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 88-1-20 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

(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: Artille Farrar

3. (b) If veteran, name war: ____

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Albruertus Farrar

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

7. Birth date of deceased: May (Month) 4 (Day) 1852 (Year)

8. AGE: Years 88 Months 1 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace: perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: House Work

11. Industry or business: ____

MOTHER FATHER

12. Name: Nelson Yorbrough

13. Birthplace: ____ (City, town, or county) Tenn. (State or foreign country)

14. Maiden name: Sarah Farrar

15. Birthplace: ____ (City, town, or county) S. Carolina (State or foreign country)

16. (a) Informant's own signature: Mrs Pearl Black

(b) Address: Longtown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 26 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: York Chapel --Mo.

18. (a) Signature of funeral director: Young & Sons

(b) Address: Perryville Mo.

19. (a) June 26-40 (Date received local registrar) (b) Martin Mockel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1940 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 8, 1940 to June 24, 1940 that I last saw her alive on June 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	2 hrs
Due to: Hypertension	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Myocardial degeneration	

Major findings:
Of operations: ✓
Of autopsy: ✓

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: Jerome J. Bredall (M. D. or other)

Address: Perryville, Mo. Date signed 6-25-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 — 1 X19511

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. Edward C Young

Licensed Embalmer No. 2138

P. O. Address Bangor Me

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.