

No. 2
11-10-39
-17-39
X21492

1940 AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24960

Dr. Maxey

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 315 Ash Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Jesse B. Farmer 656

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sallie Farmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 15th 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 15 hr. _____ min.

9. Birthplace Callaway C unty, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Mrs. Paul Goldammer

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Aug-1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director W. H. Gordon

(b) Address Jefferson City, Missouri

19. (a) 7/31/40 (b) W. H. Gordon
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1940 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from July 28 1940 to July 30 1940

that I last saw him alive on July 29 1940
and that death occurred on the date and hour stated above

Immediate cause of death Coronary thrombosis Duration _____

Due to Atherosclerosis of the heart

Due to _____

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

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)
(e) Means of injury _____

23. Signature W. H. Gordon (M. D. or other) _____

Address Jefferson City, Mo Date signed 7-31-40

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

MOTHER FATHER

9
9

7-31-40

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 Quest....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis Quest

Licensed Embalmer No. *4096*

P. O. Address *Jefferson City, 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.