

NOV 12 1940
Registration District No. 89

Primary Registration District No. 1002

Registrar's No. 2801

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(Name outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether)

In this community Non Resident
years, months or days

3. (a) PRINT FULL NAME Robert E. Farrell
R. E. Farrell

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 Married

6. (b) Name of husband or wife Emma Farrell

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 17 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>11</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Edward Farrell

13. Birthplace No data
(City, town, or county) (State or foreign country)

14. Maiden name No data

15. Birthplace No data
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Farrell

(b) Address Wamego Kansas P. F. D.

17. (a) Removal (b) Date thereof Sept. 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wamego Kansas

18. (a) Signature of funeral director excelsior

(b) Address Excelsior

19. (a) 10-1-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Pottawatomie

(c) City or town Wamego
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1940 hour 7 minute 20 M.

21. I hereby certify that I attended the deceased from Sept 8, 1940 to Sept 28, 1940
that I last saw him alive on Sept 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate

Due to _____

Due to As above

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Carcinoma of prostate

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Marie Nell M... (M. D. or other)

Address Kan mo Date signed 9/28/40

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.