

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39448**

Registration District No. **653**

Primary Registration District No. **5866**

Registrar's No. **103**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Hays-Rural - Oregon Twp**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Hays-Rural**
(If outside city or town limits write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) **1940** years born, how long in U. S. A.?

3. (a) PRINT FULL NAME **William Jackson Farnsworth**

3. (b) If veteran, name war **720** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Bertha Cot.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 7 - 1895**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	4	13	hr. _____ min.

9. Birthplace **Calhoun County Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farm Owner**

12. Name **Jackson Farnsworth**

13. Birthplace **Unknown Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Maude Morrison**

(b) Address **Hays, Mo.**

17. (a) **Burial** (b) Date thereof **11-21-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Madrid Mo.**

18. (a) Signature of funeral director **Ray Funeral Home**

(b) Address **Hays, Mo.**

19. (a) **11/21/40** (b) **Pearl Helley**
(Date received local registrar) (Registrar's signature)

MOTHER, FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov. 20** day _____
year **1940** hour **7** minute **30 A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **This man was burned to death in a tent in which he slept**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accidental**

(b) Date of occurrence **11-20-40**

(c) Where did injury occur? **Hays-Rural Pemiscot Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **94 Farm Home**

While at work? **no** (Specify type of place) (e) Means of injury _____

23. Signature **Jack Kelly coron** (M.D. or other) **5**

Address **Hays, Mo.** Date signed **11-20-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12-40-6

1938

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.....

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, above space should be left blank.