

40
39
23159

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2655

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 47

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days.
In this community 18 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FARSH, Ed 2755-H

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosie Bell Farsh 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased June 7 1907
(Month) (Day) (Year)

8. AGE: Years 31 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Montgomery, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Louis Farsh
13. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Wood
15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Patient-Deceased
(b) Address MCFP-Springfield, Mo.

17. (a) Removal (b) Date thereof 1-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery, Alabama

18. (a) Signature of funeral director W. E. Handley
(b) Address Springfield, Mo.

19. (a) 1-15-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County Montgomery
(c) City or town Montgomery, Alabama
(If outside city or town limits, write "RURAL")
(d) Street No. 101 Wheeler St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th.
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 26,
1940, 19____, to Jan. 14, 1941,
that I last saw him alive on Jan. 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Acute (generalized) miliary.

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) _____
(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) _____
(e) Means of injury _____
Signature Dr. L. M. Rogers (M. D. or other) _____
Address Clinical Director, MCFP Date signed 1-15-41

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

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.....
Ed George, Registered Apprentice No. *204*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *1767*

P. O. Address. *Springfield 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; fact should be so stated above.

X