

U. S. No. 2
11-10-39
ev. 5-17-39
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FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19153

Registration District No. 805 Primary Registration District No. 4484 Registrar's No.

98
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Lancaster
(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 (Specify whether)
In this community 59-5-0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Lancaster
(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.?

3. (a) PRINT FULL NAME Frank Dawson Farrell
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9
year 1941 hour 7 minute 15 P. M.

4. Sex male
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Myrtle Farrell
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased December 9 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Mar. 8 1940 to May 9 1941
that I last saw him alive on May 9 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 5 Days 0
If less than one day hr. min.

Immediate cause of death
Adenocarcinoma of Colon
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

9. Birthplace Lancaster, Schuyler, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Merchant

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Web M. Farrell
13. Birthplace Frostburg, Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Ermina Melvin
15. Birthplace Lancaster, Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Walter Farrell
(b) Address
17. (a) Burial (b) Date thereof May 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Lancaster
18. (a) Signature of funeral director Morehead's
(b) Address Lancaster, Mo.
19. (a) 5-11-41 (b) O. J. Piche.
(Date received local registrar) (Registrar's signature)

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 R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo Date signed May 10 1941

RECEIVED

District Health Officer No. 10

District File Number 6-41-1068

Date Filed JUN 12 1941

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.....

Ernest Minnie Morehead....., Registered Apprentice No.....

working under my personal supervision.

Signed Morehead's.....

Licensed Embalmer No. 3731-3680

P. O. Address Lawrence 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.