

FILED JUL 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22546**

Registration District No. **1108**

Primary Registration District No. **5983**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Reynolds**
(b) City or town **Reynolds**
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds**
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Joseph Farr**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **7 27 1966**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Indiana** (City, town, or county) (State or foreign country)

10. Usual occupation **Timber worker when Active**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel Farr**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Don Price**
(b) Address **Garwood, Missouri, May 15 - 1941**
17. (a) **Burial** (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Reynolds**
(b) Address **Garwood, Missouri**
19. (a) **5-15-1941** (b) **T. C. Giles, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14** year **1941** hour **10** minute _____ M.

21. I hereby certify that I attended the deceased from **May 8, 1941** to **May 14, 1941**
that I last saw him alive on **May 8, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Bronchitis**
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
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 **T. C. Giles** (M. D. or other) _____
Address **Greenwood** Date signed **5-15-41**

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

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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, fact should be so stated above.