N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 18 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

023 0 0

Do not use this space.

24852

1. PLACE OF DEATH

County Clark — Registration District No. 194 — File No.

Township — Primary Registration District No. ~~5274~~ 117 — Registered No. 7

City Wyaconda, Mo. 1 (No. , St. Ward)

2. FULL NAME Albert Lee Farnsworth 0

(a) Residence, No. Wyaconda, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 0 Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Farnsworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County, Mo. 0

FATHER

13. NAME Alfred W. Farnsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County, Mo. 0

MOTHER

15. MAIDEN NAME Amanda Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County, Mo. 0

17. INFORMANT (ADDRESS) Mrs Ida Farnsworth Wyaconda Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Wyaconda, Mo. DATE July 22, 1941

19. UNDERTAKER (ADDRESS) Geith & Barkett Wyaconda Mo

20. FILED 7-22, 1941 Bessie Blattner Registrar.

178

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1941, to July 19, 1941

I last saw him alive on July 18, 1941. Death is said to have occurred on the date stated above, at 12:30 am

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

93 4

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. B. F. Hutchinson, D.O.

(Address) Wyaconda, Mo.

223 0 0

I here by certify that I embalmed the body of Albert Lee Farnsworth whose name appears on the reverse side of this death certificate. My license number is 1817

George V. Baskett

RECEIVED
District Health Officer No. 10
District File Number 8-41-1500
Date Filed AUG 13 1941