

Registration District No. **399**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1222 West 41st Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **50 years**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1222 West 41st.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James J. Farmer**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **---**

4. Sex **Male (M)** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Bridget Farmer** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 13, 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69** **1** **20** hr. min.

9. Birthplace **Co. Farminagh, Ireland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **James Farmer**

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

14. Maiden name **Margaret Donlan**

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

16. (a) Informant **Miss Catherine Farmer**

(b) Address **1222 West 41**

17. (a) **Burial** (b) Date thereof **Aug 25, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Swift & Tabin Co**

(b) Address **874/41** (c) **M. No. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **3rd**  
year **1941** hour **2:30** minute **9** M.  
21. I hereby certify that I attended the deceased from **June 1940**  
19\_\_\_\_ to **August 3** 19**41**

that I last saw him alive on **August 3** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the stomach with metastasis, cachexia 1/2 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **H&B**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Carl W. Lindquist** (M. D. or other) **0**  
Address **704 P & E Bldg** Date signed **8-4-41**

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

MOTHER FATHER

4/10/41

**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. 4097

P. O. Address K.C., 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.**