FILE DEC 10 1941

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

37970

Do not use this space. 15

1. PLACE OF DEATH

(a) County Camden Registration District No. 121

(b) Township Warren Primary Registration District No. 5173 Registered No. 0

(c) City Decaturville (d) Street No. 1 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME CLARA CLEMENTINE FARMER 0

(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F 1

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10, 1870

7. AGE: Years 71 Months Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as 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) Decaturville Missouri 0

FATHER

13. NAME Thomas D Farmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn 1

MOTHER

15. MAIDEN NAME Kathryn Hampton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia 1

17. INFORMANT (ADDRESS) Angeline Farmer Decaturville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE Decaturville Cemetery DATE Nov. 21 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED Nov 24 1941 Mrs. Willa Claiborn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1941

22. I HEREBY CERTIFY, That I attended deceased from Viewed the body 19 at Death, 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 A. M.

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

Burn

Body burned in the farm home.

The burns was such that the body was not recognized

Date of onset

Other contributory causes of importance:

141

Name of operation 15 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? Accident Date of injury 11-20, 1941

Where did injury occur? Decaturville, Warren Tw, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home 0 15

Manner of injury Burn, (House Burned)

Nature of injury Completely Burned up.

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

If so, specify None

(Signed) E. H. Pierborne M. D.

(Address) Camdenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SUM-1-12-38 1 X14028

RECEIVED
District Health Officer No. 7,
District File Number 12-41-1978
Date Filed 12-8-41

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.....

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, above space should be left blank.