

FILED DEC 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39619

State File No. \_\_\_\_\_

Registration District No. 803

Primary Registration District No. 4484

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Lancaster  
(If outside city or town limit 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 43 years (Specify whether)

In this community 1 years, months or days

8. (a) PRINT FULL NAME Theophilus Farris

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella F 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. 25 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Schuyler Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name William Farris

18. Birthplace Schuyler Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Olivia Seamster

16. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret E Farris

(b) Address Lancaster Mo.

17. (a) Burial (b) Date thereof Nov 22 1941  
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Lancaster

18. (a) Signature of funeral director Moreheads

(b) Address Lancaster Mo.

19. (a) 11-21-41 (b) Byrdish Drake  
(Date received local registrar) (Registrar's signature)

(c) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Lancaster  
(If outside city or town limit write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1941 hour 9:40 minute AM

21. I hereby certify that I attended the deceased from Aug 6, 1941  
to Nov 20, 1941  
that I last saw him alive on Nov 19, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat

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

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

Other conditions chronic nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 \_\_\_\_\_

28. Signature R.E. Vaughn (M. D. or other) D.O.

Address Lancaster Mo Date signed Nov 24, 1941

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

MOTHER FATHER

717

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-41-2161

Date Filed DEC 10 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.....

*True + Minnie Morehead*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*True + Minnie Morehead*

Licensed Embalmer No. 3754-3680

P. O. Address Lancaster

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.