. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

Registration District No. 3479

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9589

Primary Registration District No. 1002

Registrar's No. 1051

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: Trinity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 20 Years

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. 1306 East 32nd Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME Augusta May Bartlett Farnsworth
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Berton C. Farnsworth
6. (c) Age of husband or wife if alive ------- years
7. Birth date of deceased July (Month) 22 (Day) 1849 (Year)
8. AGE: Years 92 Months 7 Days 19 If less than one day ____ hr. ____ min.
9. Birthplace Erie County (City, town, or county) New York (State or foreign country)
10. Usual occupation At Home
11. Industry or business -------
FATHER
12. Name Richard Bartlett
13. Birthplace Pontiac (City, town, or county) Michigan (State or foreign country)
MOTHER
14. Maiden name Phoebe Smith
15. Birthplace Erie County (City, town, or county) New York (State or foreign country)
16. (a) Informant Mrs Hilda Farnsworth
(b) Address 1306 E 32nd Ter.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 3-14-42 (Date received local registrar) (b) M. M. Crosser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1942 hour 11 minute 18 P. M.
21. I hereby certify that I attended the deceased from October, 1941, to Mar 13, 1942, that I last saw he alive on Mar 13, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Bronchial	
Due to: Fracture, pelvis	
Senile	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1860	
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) Acc 123
(b) Date of occurrence Feb 6 mo
(c) Where did injury occur? Mar 6 - 1942 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Hugh G. Gordon (M.D. or other)
Address 3 of 3 Date signed 3-14-42

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(Licensed Embalmer's Statement on Reverse Side)

303 Whitman Bldg
12.30.5.30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.