

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

30465

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 8 1942

Registration District No. 142

Primary Registration District No. 5-5-42-5557 Registrar's No. 146

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00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Haskell

(b) City or town Reason, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 yrs (Specify whether years, months or days)

In this community 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Haskell

(c) City or town Pomona  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No) 0  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Catherine Farmer

3. (b) If veteran, ✓ name war ..... 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife J. R. Farmer 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Dec. 23 - 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23 year 42 hour 6 minute 55 M.

21. I hereby certify that I attended the deceased from July 10, 1941, to Aug. 19, 1942  
that I last saw h. or alive on Aug. 16, 1942  
and that death occurred on the date and hour stated above.

8. AGE: 83 Years Months Days If less than one day hr. min.

9. Birthplace Waynes Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry of business

MOTHER FATHER { 12. Name Moses Robert

13. Birthplace D. 4. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Duke

15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. Huddleston

(b) Address Prayer Mo

17. (a) (b) Date thereof 8-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robertson

18. (a) Signature of funeral director W. E. Thomas

(b) Address

19. (a) 9-16-42 (b) Ruth Hunt  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Paralysis

Due to Probably a clot from general senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy 162 f

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) .....

(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? .....

(Specify type of place)

While at work? (Specify type of place) 0 Means of injury 0

23. Signature J. A. Bally, M.D. (M. D. or other)

Address Pomona Mo. Date signed Sept. 14

Bally -

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**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.....

*D. D. Roberts*

Licensed Embalmer No.....

*3932*

P. O. Address.....

*Northline 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.**