

Registration District No. 47

Primary Registration District No. 5163

1. PLACE OF DEATH:

(a) County Bollaway

(b) City or town Rural (State, town, county)

(c) Name of hospital or institution: 4 Miles N.W. of Telleka 1 Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollaway

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

(d) Street No. 4 Miles N.W. Telleka Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME James Otis Farmer

3. (b) If veteran, name war. no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1941, to Oct 21, 1942
that I last saw him alive on Oct-11, 1942
and that death occurred on the date and hour stated above.

4. (a) Sex Male (b) Color or White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillie W. Farmer alive 69 years

6. (c) Age of husband or wife if 69 years

7. Birth date of deceased July 19 1870
(Month) (Day) (Year)

Immediate cause of death Valvular Heart Disease

Duration

Due to

Due to

8. AGE: Years 72 Months 3 Days 2
If less than one day hr. min.

9. Birthplace Bollaway Mo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph W. R. Farmer

13. Birthplace Bollaway Mo Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mollie G. Gilling

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

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: 93d

Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Amos D. Hall

(b) Address Jefferson City Mo

17. (a) Rural (b) Date thereof 10-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill

18. (a) Signature of funeral director Ray Holt

(b) Address Chen Woodfield Mo

19. (a) 10-21-1942 (b) Joseph Monahan
(Date received local registrar) (Registrar's signature)

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?

(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 E. M. Rusk (M. D. or other) no

Address Union Hill Mo Date signed Oct 21 1942

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

14
0
0

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, _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address Ben Bloomfield 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.