

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 1863

1. PLACE OF DEATH: *Ripley*

(a) County: *Ripley*

(b) City or town: *Doniphan*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *at home*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: *11 months*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Iowa* (b) County: *Decatur*

(c) City or town: *Leon*
(If outside city or town limits, write "RURAL")

(d) Street No.:

(e) Citizen of foreign country? *native born* (Yes or No)
If yes, name country: *2*

3. (a) PRINT FULL NAME: *JOHN JAMES FARVER*

3. (b) If veteran, name war: *-*

3. (c) Social Security No.: *-*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct.* day *15*
year *1942* hour *5* minute *00* A.M.

21. I hereby certify that I attended the deceased from *5-12-1942* to *10-14-1942*
that I last saw him alive on *10-13-1942*
and that death occurred on the date and hour stated above.

4. Sex: *Male*

5. Color or race: *White*

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

6. (b) Name of husband or wife: *Ida Raines*

6. (c) Age of husband or wife if alive: *beard* years

7. Birth date of deceased: *Dec. 9, 1858*
(Month) (Day) (Year)

Immediate cause of death: *Endocarditis Chronic*

Due to: *Chronic Nephritis and arterial sclerosis*

Other conditions: *1318*

8. AGE: Years *83* Months *10* Days *6*
If less than one day hr. min.

9. Birthplace: *Ohio*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Carpenter*

11. Industry or business: *Cabinet-maker*

12. Name: *James Farver*

13. Birthplace: *Penn.*
(City, town, or county) (State or foreign country)

14. Maiden name: *Patrick*

15. Birthplace: *Ohio*
(City, town, or county) (State or foreign country)

16. (a) Informant: *Mrs. J. E. Allard*

(b) Address: *Doniphan, Mo.*

17. (a) *Burial* (b) Date thereof: *10-14-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Cafe Ridge - Doniphan*

18. (a) Signature of funeral director: *J.S. Jordan*

(b) Address: *Doniphan, Mo.*

19. (a) *10/26/42* (b) *E.W. Johnston*
(Date received local registrar) (Registrar's signature)

Major findings: *1318*

Of operations:

Of autopsy:

PHYSICIAN: *1318*

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? (e) Means of injury:

23. Signature: *J. Edo. Adamson* (M. D. number)

Address: *Doniphan, Mo.* Date signed: *10-16-42*

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

91
10

RECEIVED

District Health Officer No. 1

District File Number 11421005

Date Filed 11-13-42

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 F. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Douglas

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.