

FILED DEC 11 1942

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 309

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home #4
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution five months
(Specify whether years, months or days) yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 3
(c) City or town Kirkville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1124 N. Centennial
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Alexander Collins Farr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or race D W

6. (a) Single, widowed, married, Divorced unmarried

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased June 22 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>5</u>	<u>1</u>	hr. min.

9. Birthplace Coschocton Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name George Jarr
13. Birthplace Pittsburg Pa
(City, town, or county) (State or foreign country)
14. Maiden name Polly Morris
15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Jarr
(b) Address 715 N. Franklin, Kirkville

17. (a) Burial (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winterton Cemetery

18. (a) Signature of funeral director BEERLEY
(b) Address Kirkville, Mo.

19. (a) 11/30/42 (b) Mrs. J. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 24,
1942, to November 23, 1942;
that I last saw him alive on November 23, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Duration

Due to Toxemia

Due to Chronic Nephritis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/18
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) _____
(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 J

23. Signature Clark R. Eggleston (M. D. or other) D.O.
Address Kirkville, Mo. Date signed 11/23/42

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

w/w

1079

RECEIVED

District Health Officer No. 10

District File Number 12-42-4050

Date Filed Dec-10-1942

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 Laura Riley

Licensed Embalmer No. 3907

P. O. Address Kingsville Md

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.