U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38014

Registration District No. 1 84 — Primary Registration District No. 200 — Registrar's No. 2319

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: GLENCOE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE (Specify whether years, months or days)
In this community: 5 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. LOUIS
(c) City or town: GLENCOE
(If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ALONZO FARRIS
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWER
6. (b) Name of husband or wife: Anna Farris,
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 23 (Day) 1859 (Year)
8. AGE: Years 82 Months 10 Days 17 If less than one day hr. min.
9. Birthplace: St. Louis County, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Retired farmer,
11. Industry or business: Own farm,
FATHER 12. Name: Wesley Farris,
FATHER 13. Birthplace: St. Louis, Co. (City, town, or county) Mo. (State or foreign country) 0
MOTHER 14. Maiden name: Mary Doss,
MOTHER 15. Birthplace: St. Louis Co. (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: Harvey Kroenung,
(b) Address: Glencoe, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/7/42. (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Cem. Pond, Mo.
18. (a) Signature of funeral director: Schrader Funeral Home
(b) Address: Ballwin, Mo.
19. (a) NOV 6 - 1942 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5, year 1942 hour 8:45 minute P M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Self-inflicted gun shot wound of abdomen. — Duration
Due to: Gun-shot wound of abdomen.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: No

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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): Suicide.
(b) Date of occurrence: Nov. 5, 1942
(c) Where did injury occur? Glencoe, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home (Specify type of place)
While at work? (e) Means of injury:
Signature: Jalen M. Meyer Deputy Coroner (M. D. or other)
Address: Kirkwood, Mo. 11/6/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin 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.