

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

40170

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 11 1943

Registration District No. 38

Primary Registration District No. 3006-5-20

Registrar's No. 285

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

years 42

1. PLACE OF DEATH:  
 (a) County Boone  
 (b) City or town Columbia  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Boone  
 (c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1606 Paris Rd  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNIE E FARMER  
 3. (b) If veteran, name war Y 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 10<sup>th</sup>  
 year 1942 hour 5 minute 5 P. M.  
 21. I hereby certify that I attended the deceased from 12-10-42 to 12-10-42  
 that I last saw or alive on 12-10-42 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife C C Farmer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 3 1874  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration Wks.  
 Due to Hardened Arteries Do not know

8. AGE: Years 68 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Other conditions None (Include pregnancy within 3 months of death)  
 Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy None

9. Birthplace Bellvue Iron Co MO  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House wife

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
 12. Name MOSES N Newman  
 13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Melton  
 15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant C C Farmer  
 (b) Address 1606 Paris Rd Columbia  
 17. (a) Burial (b) Date thereof Dec 12 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Memorial Park  
 18. (a) Signature of funeral director R Sweet  
 (b) Address Columbia Mo  
 19. (a) 12-17-1942 (b) Edna H Barber  
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature W. A. Dyer (M. D. or other) \_\_\_\_\_  
 Address Columbia Mo Date signed 12-12-42

1200 (Licensed Embalmer's Statement on Reverse Side)

JAN 27 1943

AUG 21 1946

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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..... *R. Powell* .....

Licensed Embalmer No. 3183 .....

P. O. Address.....

**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.**