

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2877
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 226
 (b) Township Madison Primary Registration District No. 5799
 (c) City Madison (d) Street No. 1 Registered No. 6
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Thomas Edgar Farrell St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Pierce Farrell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/15/1857
 7. AGE YEARS 85- MONTHS 1 DAYS 27 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison

FATHER 13. NAME Richard Farrell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Margaret Love
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) John M. Honnell

18. BURIAL, CREMATION, OR REMOVAL PLACE Church Hill DATE 1/14 19 43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Honnell

20. FILED 1/13/43 19 43 Otis Hedbeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 19 43
 22. I HEREBY CERTIFY, That I attended deceased from Jan 11 19 43, to Jan 12 19 43
 I last saw him alive on Jan 9 19 43 Death is said to have occurred on the date stated above, at 12:00 m.
 The principal cause of death and related causes of importance were as follows:

Double Lobar Pneumonia Date of onset Jan 11
 Other contributory causes of importance: 108

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) OTIS HEDBECK M. D.
 (Address) Madison, MO.

RECEIVED

District Health Officer No. 10

District File Number 2-43-229

Date Filed FEB 10 1943

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 Frederic P. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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, above space should be left blank.