

No. 2
-5-42
-5-17-39
X3257

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14638

State File No.

Registrar's No. 22

FILED MAY 7 1943

Registration District No. 767

Primary Registration District No. 4256

1. PLACE OF DEATH:

(a) County. Johnson
(b) City or town. Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Pine Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. none
(Specify whether
In this community. 78 years
years, months or days)

3. (a) PRINT FULL NAME William Ray Farnsworth

3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex. male 5. Color or race. cauc 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Edna Ellen Farnsworth 6. (c) Age of husband or wife if alive. 73 years

7. Birth date of deceased. January 19, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 27 If less than one day
hr. min.

9. Birthplace. Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired Farmer

11. Industry or business. on farm

MOTHER FATHER { 12. Name. Benjamin J. Farnsworth
13. Birthplace. Greenville, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name. Eliza Birdner
15. Birthplace. Greenville, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant. Edna Ellen Farnsworth
(b) Address. Holden, Missouri.

17. (a) Burial (b) Date thereof. April 18 '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Holden, Missouri

18. (a) Signature of funeral director. Canaday and Ropp

(b) Address. Holden, Missouri.

19. (a) 4-22-43 (b) Mr. Frank Marrie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Johnson
(c) City or town. Holden
(If outside city or town limits, write "RURAL")
(d) Street No. South Pine St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 16 day of April
year. 1943 hour. 4:40 minute. A M.

21. I hereby certify that I attended the deceased from April 9
1943 to April 16 1943, 19...

that I last saw him alive on April 16 1943, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. Embolism Mesenteric artery 24 hrs

Due to. Chronic hypertension, and old rheumatic heart 15 yrs

Due to. 95%

Other conditions. none
(Include pregnancy within 3 months of death)

Major findings:
Of operations. X X X

Of autopsy. none

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 _____

23. Signature. W. J. Thompson (M. D. or other)
Address. Holden, Mo Date signed 4-19-43

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

RECEIVED

Health Officer No. 8,

File No. Number

Date Filed 5-6-43

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

M. L. Canaday

Licensed Embalmer No.

3434

P. O. Address

Holden, 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.