V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22131

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 211

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

50
6
4

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks (Specify whether
In this community about 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia 80
(If outside city or town limits, write "RURAL")
(d) Street No. 918 So Kentucky 6
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 4
If yes, name country — O

3. (a) PRINT FULL NAME EZZIE MAE FARNER

3. (b) If veteran, name war

3. (c) Social Security No. 491-07-4853

4. Sex female 1 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband ~~or wife~~ William Farner 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 23 (Day) 1898 (Year)

8. AGE: Years 45 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Syracuse Morgan Co Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife & employed

11. Industry or business At Bothwell Hotel

FATHER
12. Name J. H. Peoples
13. Birthplace Syracuse Morgan Co Mo O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Ann Burns
15. Birthplace Morgan Co Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant William Farner
(b) Address 918 S Kentucky Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Cem

18. (a) Signature of funeral director A. F. Neumyer
(b) Address Smithton Mo

19. (a) 6-24-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from March 13, 1943 to June 23, 1943
that I last saw her alive on June 22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture Duodenal Ulcer	3 mos
Due to 1 Tal	
Due to	
Other conditions Abscess Liver (Include pregnancy within 3 months of death)	2 mos

Major findings:
Of operation Abscess Liver
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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature W. A. Brekemeier (M. D. or other) M.D.
Address Sedalia Mo Date signed 6/24/43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 7-2-43

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 A. F. Hammeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.