

FILED SEP 10 1943

Registration District No. 7

Primary Registration District No. 5163

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town 5 miles west of Tabbetts, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Smiles west of Tabbetts, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles west Tabbetts, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME John Newell Farmer

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ella Farmer 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 27 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Henry Farmer

13. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Sanders

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Farmer

(b) Address 515 Nichols Fulton mo.

17. (a) Burial (b) Date thereof 8/11/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmer cemetary

18. (a) Signature of funeral director Ray Holt

(b) Address New Bloomfield, Mo.

19. (a) 8-11-1943 (b) Jouis Morankoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day Aug
year 1943 hour 7:30 minute PM M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Aug 9 1943
that I last saw him alive on Aug 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to General arteriosclerosis

Other conditions 43a
(Include pregnancy within 3 months of death)

Major findings: Of operations 43a
Of autopsy

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) (c) Means of injury

23. Signature E. M. G. Rust (M. D. or other) Dr
Address New Bloomfield Mo Date signed Aug 10 43

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

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

Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, 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.*