

OCT 19 1943 336
Registration District No. 336

Primary Registration District No. 4444

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Winona Shannon
(b) City or town Winona
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 1 week _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Bobbie Ray Farris

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased Mar. 27 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 4 _____ hr. _____ min.

9. Birthplace St. Louis Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Otis Farris

13. Birthplace Shannon Co. Mo. _____
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Craig

15. Birthplace Linn Co. Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Farris

(b) Address Winona Mo.

17. (a) Burial (b) Date thereof 9-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director Phil A. Leuckel

(b) Address Van Buren Mo.

19. (a) 9-2-43 (b) Frank Hyde M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon

(c) City or town Winona _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 1
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 26
1943 to Sept 1, 1943 1943
that I last saw him alive on Sept 1, 1943 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-enteritis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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)
(e) Means of injury _____

23. Signature W.T. Rudy (M. D. or other)

Address Winona Mo Date signed 9-16-43

Duration

1 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

744

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number. 1043621

Date Filed 10-15-43

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 9-1-43

....., Registered Apprentice No.
working under my personal supervision.

Signed Shelby A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren St

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.