

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1052

Registrar's No. 4918

4918

1. PLACE OF DEATH:

(a) County **JACKSON**  
(b) City or town **KANSAS CITY, MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **RESEARCH**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11-2-43-11-21-43**  
(Specify whether  
In this community **11-2-43-11-21-43**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALDWELL**  
(c) City or town **COVGILL, MO. RURAL**  
(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. ....

3. (a) PRINT FULL NAME **JOHN FARMER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **August 25 1861**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **26** If less than one day hr. min.

9. Birthplace **SOUTH WALES ENGLAND**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **John Farmer**

13. Birthplace **England**  
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Jess Farmer**  
(b) Address **Covgill Mo**

17. (a) (Burial, cremation, or removal) (b) Date thereof **11 24-1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **COVGILL, MO.**

18. (a) Signature of funeral director **CRAMER CLARK**  
(b) Address **KINGSTON, MO.**

19. (a) **11-21-43** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **21**  
year **1943** hour **5** minute **37 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 2**  
**1943** to **Nov. 21**, 19**43**

that I last saw him alive on **Nov. 21**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberc pneumonia.**

Due to, ....

Due to, **108**

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 **Robert C. Davis, M.D.**  
Address **Prof. Bldg., Kansas City, Mo.** Date signed **11-21-43**  
by **Louis J. Bach M.D.**

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

MOTHER FATHER

361

AUG 30 1945

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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..... *Cramer Clark* .....

Licensed Embalmer No. 3257 .....

P. Q. Address KINGSTON, 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.**