

FILED NOV 24 1943

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

3821E

State File No. _____

Registrar's No. 897

1. PLACE OF DEATH:

(a) County Green
(b) City or town Springfield
(c) Name of hospital or institution: 612 East Page
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 11 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 612 East Page
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1943 hour 1 minute 00 PM

21. I hereby certify that I attended the deceased from Oct 12 1943 to Nov 2 1943
that I last saw him alive on Oct 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-Pneumonia
Duration 3 weeks

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

Major findings: _____
Of operations _____
Of autopsy _____
107

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? no
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Edward J. Eason (M. D.)
Address Springfield, Mo Date signed 11/3/43

3. (a) PRINT FULL NAME JAMES KELLEY 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 SINGLE

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct 16 1952
(Month) (Day) (Year)

8. AGE: Years 91 Months 0 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business farmer

12. Name James N. Farmer

13. Birthplace Atlanta Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kelley

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

16. (a) Informant Mrs. William Allen

(b) Address 612 East Page

17. (a) Removal (b) Date thereof Nov 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Labor, Atlanta

18. (a) Signature of funeral director Fred C. Shinn
(b) Address Springfield, Mo.
19. (a) 11-4-43 (b) W. M. Handley
(Date received local registrar) (Registrar's signature)

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

39
20
6

39
20
6

MOTHER FATHER

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 Fred C. Thiesm

Licensed Embalmer No. 2899

P. O. Address. Springfield, 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.

X -