

FILED JAN 5 1944
Registration District No. 197

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson,
 (a) County Kansas City,
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6 West 37th Street, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. NO.
 In this community 47 years, (Specify whether years, months or days)

3. (a) PRINT Henry R. Farnum
 FULL NAME
 3. (b) If veteran, n name war. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
 6. (b) Name of husband or wife Mrs. Ada S. Farnum 6. (c) Age of husband or wife if alive. 82 years
 7. Birth date of deceased. January 9 1851
 (Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>11</u>	<u>8</u>	hr. min.

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

10. Usual occupation Food Broker

11. Industry or business x retired

MOTHER FATHER
 12. Name Harry Farnum
 13. Birthplace Maine
 (City, town, or county) (State or foreign country)
 14. Maiden name Betsy Cushman
 15. Birthplace Betsy Cushman Maine
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada S. Farnum,
 (b) Address 6 West 37th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-21-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 12-20-43 (b) P. C. Brown
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson, 48
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL") 6
 (d) Street No. 6 West 37th Street,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 17th
 year 1943 hour 10:55 minute P. M.
 21. I hereby certify that I attended the deceased from Dec 17, 1943
 that I last saw him alive on Dec 16, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio renal
old age
 Due to senior
 Due to 131a
 Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 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?

While at work? (Specify type of place) (e) Means of injury
 23. Signature P. C. Brown (M. D. or other)
 Address 3235 Gillham Plaza Date signed 12-18-43

Dr. V. V. Farnsworth,

Cuff Body
2-30

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..... *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *Y. C. 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.