

No. 2
-5-42
-6-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41540

State File No.

FILED JAN 13 1944
Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
215 Third Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 82 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 215 Third Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME JAMES STERLING FARMER

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Nannie 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased 9 - 25 - 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	2	9	hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name John Silver Farmer

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

14. Maiden name Mary Elizabeth Hawkins

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

16. (a) Informant Virgil Farmer

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parson Funeral Service
(b) Address Columbia, Mo.

19. (a) Dec 7 1943 (b) Edna Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1943 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Apr 10 1943 to Dec 4 1948
that I last saw him alive on Dec 3 1943
and that death occurred on the date and hour stated above

Immediate cause of death Myo. Carditis

Due to chronic Bright Disease

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 Lloyd Simpson (M. D. or other) no
Address 506 Cherry St Columbia Date signed 12-7-43

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

MOTHER FATHER

1250

(Licensed Embalmer's Statement on Reverse Side)

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 *M. S. Michonides*
Licensed Embalmer No. *3893*
P. O. Address *Columbia 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.