

FILED JAN 19 1948

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2634 Madison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community 554 M.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2634 Madison  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wesley John Farrar  
(b) If veteran, name war No  
(c) Social Security No. 495-10-5306

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 24th day Dec  
year 1943 hour 6:00 minute P M.  
21. I hereby certify that I attended the deceased from Dec 7  
1943 to Dec 24 1943  
that I last saw him alive on Dec 7 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Mamie Farrar  
(c) Age of husband or wife if alive 50 years  
7. Birth date of deceased October 14, 1889  
(Month) (Day) (Year)

Immediate cause of death  
Acute Cardiac dilatation  
Chronic Bronchial  
Asthma  
Duration Sudden

8. AGE: Years 54 Months 2 Days 10  
If less than one day hr. min.  
9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

Due to Chronic Bronchial  
Asthma 5 yrs  
Due to 1/2  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer  
11. Industry or business Benson Brass Mfg Co  
12. Name Taylor Farrar  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
16. (a) Informant Wesley Farrar  
(b) Address 4551 Terrace  
17. (a) Burial (b) Date thereof Dec 28, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marys Cemetery  
18. (a) Signature of funeral director Frank E. Tobin  
(b) Address 20 West Linwood  
19. (a) 12-28-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's Signature)

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?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury D  
23. Signature F. J. Cornell MD (M. D. or other) \_\_\_\_\_  
Address 207 N. 1st St. W. Med. Bldg. Date signed 12/27/43

K.E. Mo

**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 *Charles M. Quirk*

Licensed Embalmer No. *3774*

P. O. Address.....

**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.**