

FILED FEB 3 1944
Registration District No. **10449**

Primary Registration District No. **1002**

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: **Home /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25yrs** 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. **1217 East 31**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **Mrs Clara Farrow**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **fe** 5. Color or race **wh**
6. (a) Single, widowed, married, divorced, **widowed**
6. (c) Age of husband or wife if alive **ind** years

7. Birth date of deceased **sept 20th 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **19** If less than one day **hr. min.**

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

10. Usual occupation **Home**

11. Industry or business _____

12. Name **Amour Mallot**

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

14. Maiden name **Mary Jane Booth**

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

16. (a) Informant **Mrs Mable Miller**

(b) Address **3685 Summit**

17. (a) **Removal** (b) Date thereof **Jan 11th 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eufaula Oklahoma Eylar Funeral Home**

18. (a) Signature of funeral director **1800 Linwood Blvd**
(b) Address **Jan 11, 1944**
19. (a) Date received local registrar **J. B. Brown** (b) Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **10**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____
that I last saw him **alve on** _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Cerebral Arteriosclerosis
Due to _____
Due to _____
Other conditions **830**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **Inspection of History**

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)
(c) Manner of injury _____
23. Signature **W. E. Walker** (M. D. or other)
Address **23 Mc Coy** Date signed **1/10/44**

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Chas Wilks

Licensed Embalmer No. *2644*

P. O. Address, *1800 Pinewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.