No. 2
M—2-43
5-17-39
1 X35697

49
2
5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3178

Registration District No. 756 Primary Registration District No. 2001 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 days (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 2105 Sergeant Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bythel S. Farmer

3. (b) If veteran, name war unknown

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sadie Farmer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 6, 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	10	10	hr. min.

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

10. Usual occupation sales manager

11. Industry or business Rayl-Stanley Motor Co.

FATHER
12. Name W. H. Farmer
13. Birthplace Dayton (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Hager
15. Birthplace (City, town, or county) West Virginia (State or foreign country)

16. (a) Informant Mrs. Sadie Farmer
(b) Address 2105 Sergeant, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 1-18-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 4-27-41, 19__, to 1-16-43, 19__;
that I last saw him alive on 1-16, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Melanoma (generalized)	2 yr
Due to Primary in little toe (left)	
Due to Melanoma	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55e	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ellsworth Moody (M. D. or other)
Address Frisco Bldg., Joplin, Mo. Date signed 1/17/44

204 (Licensed Embalmer's Statement on Reverse Side)

44-1-46

FEB 1 1945

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 F. M. Jones

Licensed Embalmer No. 3319

P. O. Address Joplin 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.