

FILED MAR 28 1944

318

1003

1864

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trusses Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9/1/43 to 2/22/44 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Okmulgee
(c) City or town Okmulgee, Okla.
(If outside city or town limits, write "RURAL")
(d) Street No. 812 So. Gage
(If rural, give location)
(e) Citizen of foreign country? Citizen of USA (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME George Fred Farned

3. (b) If veteran, name war None 3. (c) Social Security No. 702-03-7938

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lettie Farned 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased December 24 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation Section Foreman

11. Industry or business Railroad

12. Name Marshall Farned

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

14. Maiden name Mary Elizabeth Boddy

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

16. (a) Informant Mrs. Lettie Farned

(b) Address Okmulgee, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-25-44
(Month) (Day) (Year)

(c) Place: burial or cremation Okmulgee, Okla.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 24 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22
year 44 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 9/1
1943 to 2/22 1944
that I last saw h. 17 alive on 9/22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral neoplasm Duration 9 Mos.

Due to Malignant

Due to 5H

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cerebral neoplasm Of autopsy [Signature]
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? _____ (Specify type of place) (e) Means of injury M. D.

23. Signature Anthony J. Caravelli (M. D. or other) Address 4960 S. Gage Date signed 2/24/44

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

MOTHER FATHER

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..... *J. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

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.