

Registration District No. 297

Primary Registration District No. 6021

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? Syria Yes (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME CHARLES FARRIS

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-18-1895

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1944 hour 7 minute 30.9 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarah Francis Beard 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Not known
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
History of High Blood Pressure

8. AGE:	Years	Months	Days	If less than one day
<u>About 50</u>				hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Bayou Syria
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Ray

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

14. Maiden name _____

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

16. (a) Informant Mrs Sarah F. Farris

(b) Address Richmond, Mo

17. (a) Removal (b) Date thereof Feb 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linnerton, Mo

18. (a) Signature of funeral director Winkler

(b) Address Linnerton, Mo

19. (a) Feb 18 44 (b) Mrs. Geo W. Sheppard
(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 Feb 18 1944

(c) Where did injury occur? Richmond Ray Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On his home

While at work? no (Specify type of place) (e) Means of injury 5

23. Signature W. Baker, Deputy Coroner
(M.D. or other) Address Richmond Mo Date signed 2/18/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-13-44

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

Geo. A. McKean

Licensed Embalmer No.

2903

P. O. Address

Lexington, Va.

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.