S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

Registration District No. 164

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11290

Primary Registration District No. 3032

Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 minutes (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 51
(c) City or town: Holden (If outside city or town limits, write "RURAL") 1
(d) Street No.: South Pine St (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: XXXX 0

3. (a) PRINT FULL NAME: EDNA ELLEN FARNSWORTH
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: female
5. Color or race: white 1
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: Wm. R. Farnsworth
6. (c) Age of husband or wife if alive: dec'd years
7. Birth date of deceased: May 31, 1868 (Month) (Day) (Year)

8. AGE: Years 74 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace: Quick City, Missouri. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: at home
FATHER
12. Name: C. L. Farnsworth 1
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Nancy Caroline George
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Flossie Raker,
(b) Address: Warrensburg, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 24, 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Holden, Missouri.
18. (a) Signature of funeral director: Canaday and Ropp
(b) Address: Holden, Missouri.
19. (a) March 27, 1944 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 20 year: 1944 hour: 3:30 minute: P M.
21. I hereby certify that I attended the deceased from March 1, 1942 to March 20, 1944 that I last saw her alive on March 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 61	

Major findings:
Of operations
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: Phil Cooper (M. D. or other) MD
Address: Warrensburg, Mo. Date signed: 3-27-44

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1924

JUN 17 1924

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 M L Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.