

FILED MAY 4 1944

Registration District No. **284**

Primary Registration District No. **5974**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town Rural So. Green
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4 mi. S.W. of Louisburg
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community One hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk **84**
 (c) City or town Rural-So. Green
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 mi. S.W. of Louisburg
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none **0**

3. (a) PRINT FULL NAME Wilma Irene Farmer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 15, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 one hr. 0 min.

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER { 12. Name Garland Farmer
 { 13. Birthplace Goodson Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Blanche Dotson
 { 15. Birthplace Buffalo, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Garland Farmer
 (b) Address Louisburg, Missouri

17. (a) Burial (b) Date thereof Apr. 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linley Creek Cemetery

18. (a) Signature of funeral director Erwin Blue

(b) Address Bolivar, Mo.

19. (a) 4/27/44 (b) Martha Rush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
 year 1944 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 15, 1944 to April 15, 1944;
 that I last saw her alive on April 15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
A twin--6 mo. gestation

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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) Means of injury **2**

23. Signature J. Bennett (M. D. or other) **A.D.**

Address Buffalo, Missouri Date signed 4/18/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health

Officer No. 71

District File Number

Date Filed

4-44-44

5-2-44

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.