

FILED NOV 15 1944

Registration District No. 72

Primary Registration District No. 1-100

Registrar's No. 1120

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1120 Ridenbaugh Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
 (Specify whether years, months or days) 71 years 3 /

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1120 Ridenbaugh Street.
 (If rural, give location)
 (e) Citizen of foreign country? Not (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Alice Rebecca Farber
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race white
 6. (a) Single, widowed, married, divorced, widow 2
 6. (b) Name of husband or wife James B. Farber
 6. (c) Age of husband or wife if alive years 14
 7. Birth date of deceased January 14 1863
 (Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER, FATHER {
 12. Name Thomas J. Ashford
 13. Birthplace Oldham County Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Jane Clore
 15. Birthplace Oldham County Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Reuel A. Farber

(b) Address 3625 Frederick Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/11/1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora, Cemetery

18. (a) Signature of funeral director Walter Meischner

(b) Address 1302 Faraon, St. Joseph, Mo.

19. (a) 11-11-44 (b) Val J. Cobble
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th.
 year 1944 hour 6:45 P.M.

21. I hereby certify that I attended the deceased from July 22 1944 to Nov 1 1944
 that I last saw her alive on Nov 1 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Antritis - lungs
 Duration yrs?

Due to

Due to

Other conditions: Myocardial Sclerosis
 (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: 930

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?

While at work (Specify type of place) (e) Means of injury

23. Signature Frank Berdegaria (M. D. or other)

Address 620 N. Cic Date signed 11/10/44

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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... *Robert P. Harrington*
Licensed Embalmer No. *3258, Mo.*
P. O. Address: *St. Joseph, 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.