

FILED NOV 10 1944

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 4th & Court St
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur Lee Farris

3. (b) If veteran, name war _____

3. (c) Social Security No. Single

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 22, 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>4</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Fulton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles E. Farris

13. Birthplace Andrain Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Michelle Sanders

15. Birthplace Andrain Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles E. Farris

(b) Address Fulton Mo.

17. (a) Burial (b) Date thereof 10/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Church Cemetery

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton, Mo. D. B. Provinger

19. (a) 10-28-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28,
year 1944 hour 10:25 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept. 21, 1944 to Oct. 28, 1944;
that I last saw him alive on Oct. 27, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition due to celiac disease.

Duration
Sept 21, 1944

Due to _____

Due to _____

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

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 S. B. Kraus (M. D. or other) MD

Address Jefferson City Mo. Date signed 10/29/44

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

6
5
4

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

11-7-44

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 _____

Denzil C. Browning

Licensed Embalmer No. *2724*

P. O. Address. *Fulton, 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.