G. No. 2
M—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 NOV 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35060

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Bolivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 North Main St
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Bolivar
(If outside city or town limits, write "RURAL")
(d) Street No. 301 North Main St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Eliza Jane Farmer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John H. Farmer
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Aug. 6. 1861 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Polk County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business House Work
FATHER
12. Name George Jump
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Cresewell
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Harry J. Farmer
(b) Address Bolivar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt View Cemetery
18. (a) Signature of funeral director Erwin and Blue
(b) Address Bolivar, Mo.
19. (a) Oct 5 1944 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1944 hour 10:10 minute a. M.
21. I hereby certify that I attended the deceased from Sept 1944 to Oct 3 1944 that I last saw her alive on Oct 1 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute heart failure	
Due to Chronic Myocarditis	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 D. G. McCrow (M. D. or other)
Address Bolivar Date signed 10/5/44

1294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Number No. 7,

10-44-1217

Date 11-6-44

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmer, Ill.

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.