

FILED MAR 12 1945
Registration District No. **226**

Primary Registration District No. **4337**

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

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: _____
(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 Copetone

3. (a) PRINT FULL NAME Thomas Ed Farrell

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

4. Sex male **5. Color or race** white

6. (a) Single, widowed, married, divorced **6. (c) Age of husband or wife if** 10

(b) Name of husband or wife Tronie Evelyn Farrell **6. (c) Age of husband or wife if** 19

7. Birth date of deceased. _____ 1852

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>-</u>	<u>-</u>	hr. _____ min. _____

9. Birthplace Monroe Co. Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business: _____

12. Name William Farrell

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Holaday

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Farrell

(b) Address Madison, Mo

17. (a) Burial, cremation, or removal burial **(b) Date thereof** 2-20-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Madison, Mo

18. (a) Signature of funeral director [Signature]

(b) Address Madison, Mo

19. (a) 2/20/45 **(b) O. H. Hedberg**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1945 - hour 11 minute 45 a. m.

21. I hereby certify that I attended the deceased from 10 to 18
and that last saw her alive on Feb 16 and that death occurred on the date and hour stated above.

Immediate cause of death
Senile Lung Cancer

Due to arteriosclerosis

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? _____

23. Signature [Signature] **(a) D. or other** _____

Address Madison, Mo **Date signed** _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1126

RECEIVED
District Health Officer No. 10
District File Number 3-45-406
Date Filed MAR 8 1945

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 *Mr. J. A. Thompson*

Licensed Embalmer No. *3282*

P. O. Address *Hudson, 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.