S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8904

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 56

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 623 W. Buchanan 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 Audrain

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

(d) Street No. 623 W. Buchanan St.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME James Edwin Farrah

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased August 30, 1943 (Month) (Day) (Year)

8. AGE: Years 1 | Months 7 | Days 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Child

11. Industry or business .....

MOTHER FATHER

12. Name Marvin Farrah

13. Birthplace Audrain County, Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Lois Smith

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

16. (a) Informant Marvin Farrah

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

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

(b) Address Mexico, Mo.

19. (a) 4/3/45 (Date received by local registrar) (b) Margaret H. Machu (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 2 day ..... year 1945 hour 7 30 minute P M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral shock due to a automobile. Driven by Emmett Jones Hall. he was died in course

Due to at the Emmet Hospital. Death was caused by a fractured neck

Due to We consider the accident unavoidable. No one responsible

Other conditions for the death of Deceased
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations None

Of autopsy None

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) Accident

(b) Date of occurrence April 2 - 1945

(c) Where did injury occur? Mexico Mo Audrain Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In front of home (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature S. C. Adams Coroner (M. D. or other)

Address Mexico Mo Date signed 4/3/45

(Licensed Embalmer's Statement on Reverse Side)

1074

-285
/5/45

APR 9 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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.