V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17114

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 42

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY (Rural Washington Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2716 E. 79th ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2716 E 79th St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALLIE MAY FARRIS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept (Month) 11 (Day) 1873 (Year)

8. AGE: Years 71 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace PLATTE Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation RETIRED BARBER.
11. Industry or business ✓
FATHER
12. Name JOHN W. FARRIS 1
13. Birthplace (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name MARTHA HODGES
15. Birthplace (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant MISS LUCY FARRIS
(b) Address 2716 E 79th, K.C., Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation BELTON, Mo.
18. (a) Signature of funeral director E. R. George & Sons
(b) Address Belton, Mo.
19. (a) 5/24/45 (Date received local registrar) (b) Dr. Annie G. Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16th
year 1945 hour 10 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 15-45, 19..., to May 16, 1945
that I last saw her alive on May 16-45, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Odema	23 hrs
Primary Due to Epithelioma of nose & face	5 yrs
Due to Carcinoma of lungs metastasis from Epithelioma of face	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

47d

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 Donald R. Collins (M. D. or other) M.D.
Address 8210 Woodland N.C.M. Date signed 5/18/45

110

(Licensed Embalmer's Statement on Reverse Side)

Dr. D.R. Collins
8210

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.