V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21122

State File No.

Registration District No. 1946 — Primary Registration District No. 6074 — Registrar's No. 65

FILED JUL 9 1945

1. PLACE OF DEATH:

(a) County St. FRANCOIS

(b) City or town Leadwood Kandeth Tp (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 In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 006 15

(c) City or town St. LOUIS (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO 1 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME John Edward O'FARRELL

3. (b) If veteran, name war —

3. (c) Social Security No. 498-20-0914

4. Sex M D

5. Color or race W

6. (a) ~~Single, widowed, married, divorced~~ divorced 3

6. (b) Name of husband or wife —

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

7. Birth date of deceased MARCH (Month) 25 (Day) 1906 (Year)

8. AGE: Years 39 Months 3 Days 4 If less than one day — hr. — min.

9. Birthplace POPLAR BLUFF (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation BARBER

11. Industry or business "

FATHER
12. Name Lee O'FARRELL
13. Birthplace GREENVILLE (City, town, or county) ALABAMA (State or foreign country)

MOTHER
14. Maiden name LEONA HYOTT
15. Birthplace WASHINGTON County (City, town, or county) ALABAMA (State or foreign country)

16. (a) Informant Mrs. L. V. O'Farrell

(b) Address St. Louis Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ POPLAR BLUFF, MO.

18. (a) Signature of funeral director J. S. Boyer & Son

(b) Address Leadwood Missouri

19. (a) 6/30/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1945 hour 5 minute 30 A. 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 Jury Verdict as a result of a heart attack to the best of our opinion and according to the evidence presented

Due to

Due to

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

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

950 4

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 Berl J. Miller Coroner (M. D. or other)

Address Farmington, Mo Date signed 6/29/45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 74 S - 860

Date Filed 7-7-45

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 Melvin Miller, Registered Apprentice No. 367, working under my personal supervision.

Signed Burl L. Boyd

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.