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

FILED JUL 17 1945

State File No. 22915

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2818

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 327 West 46th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 327 West 46th Terrace 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Sallie M. Farrar

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

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed, 7
6. (b) Name of husband or wife Wesley J. Farrar
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August (Month) 16 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	10	~~17~~ 16	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business x

FATHER
12. Name John Burnett
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary M. Wooldridge
15. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

16. (a) Informant Irene Farrar
(b) Address 327 W. 46th Ter., Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 7-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1945 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from March 1938, 19 , to July 2, 1945;
that I last saw her alive on July 2, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension, Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 83 a
Major findings:
Of operations
Of autopsy

Duration

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 J R Black (M. D. or other)
Address KC MO Date signed 7/3/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Donald R. Black

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. C. 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.