S. No. 2
M—8-43
5-17-39
I X37823

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

30352

State File No.

FILED OCT 1 1945

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 81

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution: HOME 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY 24

(c) City or town SMITHVILLE 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LUCY G. FARMER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife Wm. COLEMAN FARMER

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. (Month) 12, (Day) 1870 (Year)

8. AGE: Years 74 Months 10 Days 6 If less than one day hr. min.

9. Birthplace PLATTE COUNTY (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOSEPH SKAGGS
13. Birthplace (City, town, or county) INDIANA 1 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH ELLIS
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant W. C. FARMER 1

(b) Address SMITHVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/20/'45 (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville, Mo.

19. (a) Sept 20th 1945 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 18 year 1945 hour 8: minute a. M.

21. I hereby certify that I attended the deceased from 1 Sept 15, 1945 to Sept 18, 1945; that I last saw her alive on Sept 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death ch Myocardial Degeneration Hypertension

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 93 d

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 0

23. Signature E B Hoffman (M. D. or other) MD

Address Smithville, Mo Date signed 9-18-45

1411

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-24-45

OCT 24 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 S. A. McDonald,
Licensed Embalmer No. 2303
P. O. Address Smithville, 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.