

FILED NOV 6 1945
Registration District No. **38**

Primary Registration District No. **3006**

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

1. PLACE OF DEATH:

(a) County **Boone**

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

(c) Name of hospital or institution:
500 Sexton Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** **10**

(c) City or town **Columbia** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **500 Sexton Rd.** **4**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **SILAS EDWARD FARRIS**

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

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Lucy Minor Farris** **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased **1 - 17 - 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	8	28	hr. min.

9. Birthplace **Chariton County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER

12. Name **James Monroe Farris**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucinda Howard**

15. Birthplace **Unknown** **7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Silas Edwin Farris**

(b) Address **Columbia, Mo.**

17. (a) Removal **(b) Date thereof** **10-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prairie Hill, Mo.**

18. (a) Signature of funeral director **Parson Funeral Service**
(b) Address **Columbia, Mo.**

19. (a) 10-17-45 **(b) Mrs R. E. Palmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15**
year **1945** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 15 - 1945** to **Oct 15 - 1945**
that I last saw him alive on **Oct 15 - 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **2 hrs**

Due to **Atherosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **85w**

Of operations

Of autopsy

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?

While at work? (Specify type of place)

23. Signature **E. D. B. Keltner** (M. D. or other) **M.D.**
Address **Columbia, Mo.** **Date signed** **10/16/45**

1425

FEB 5 1940

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 Thas L. Perry
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.