DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34197

State File No.

FILED OCT 17 1945

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Miller
(b) City or town RURAL - SALINE Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 mi - East - of - Olean
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi East - of - Olean
(If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ulysess - Grant - Farmer.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 6 (Day) 1870 (Year)
8. AGE: Years 75 Months 2 Days 19 If less than one day — hr. — min.
9. Birthplace Miller - Co (City, town, or county) - Mo (State or foreign country)
10. Usual occupation Laborer -
11. Industry or business Farm -
12. FATHER Name John - F - Farmer
13. FATHER Birthplace unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Jemima - Carnutt
15. MOTHER Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr. L. Farmer
(b) Address Olean
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Allen - Cem
18. (a) Signature of funeral director Keith McKay
(b) Address Eldon Mo
19. (a) 9-26-45 (Date received local registrar) (b) Clorneta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25th year 1945 hour — minute — 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 Status Epilepticus — Duration
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations —
Of autopsy 85

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 M. E. Humphreys (M. D. or other) Coroner
Address Fuscumbia Mo. Date signed 9-25-45

1473 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miller County Health Dep't
County File Number .....
Date Filed .....

OCT 19 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 Keith McKaya

Licensed Embalmer No. 3998

P. O. Address Eldon 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.