S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40924

FILED DEC 28 1945

Registration District No. 72 Primary Registration District No. 41-8-05289 Registrar's No. 105

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural — Birmingham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: His Home Gallatin Mo
(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: 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Birmingham 3
(If outside city or town limits, write "RURAL.")
(d) Street No.: Gallatin Mo 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: JOHN COLE FARISS
3. (b) If veteran, name war: None
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: Beryl C. Fariss
6. (c) Age of ~~husband or~~ wife if alive: 55 years
7. Birth date of deceased: Oct. (Month) 23 (Day) 1885 (Year)

8. AGE: Years 60 Months 1 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: Leavenworth (City, town, or county) Kan. (State or foreign country)
10. Usual occupation: Ry. Agent & operator
11. Industry or business: as above
FATHER
12. Name: Chas. Fariss
13. Birthplace: ? (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name: Alice Banning
15. Birthplace: ✓ (City, town, or county) ? (State or foreign country)
16. (a) Informant: Mrs. Beryl C. Fariss
(b) Address: Billings Lawson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 8-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Liberty Mo
18. (a) Signature of funeral director: Lloyd Archer
(b) Address: Liberty, Mo
19. (a) Dec 8-1945 (Date received local registrar) (b) Beulah K. Eckert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5 year 1945 hour 5 minute 48 P.M.
21. I hereby certify that I attended the deceased from April 6, 1944 to Dec 5, 1945 that I last saw him alive on Dec 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	18 mon.
Coronary Occlusion	17 hrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Bronchitis	
Asthma	

Major findings:
Of operations:
Of autopsy: 9/10

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: Burton Matthews (M. D. or other) MD
Address: Liberty Mo Date signed 12-6-45

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

1411 (Licensed Embalmer's Statement on Reverse Side)

District File Number
District File Number
Date Filed 12-26-45

JUL 17 1947

JUN 14 1956

DEC 29 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 Edgar McCher

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.