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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. **42082**

FILED JAN 9 1945
Registration District No. **274**

Primary Registration District No. **5922**

Registrar's No. **348**

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
Beaman, 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 about fifty years

3. (a) PRINT FULL NAME Melvin U. Farris

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

7. Birth date of deceased September 3, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Moniteau County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name James Lee Farris

13. Birthplace Greensboro, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Jane E. Simpson

15. Birthplace Greensboro, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.L. Foxworthy (niece)

(b) Address Versailles, Missouri

17. (a) Burial **(b) Date thereof** 12/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Mo.

19. (a) 12/17/45 **(b)** U. J. Campbell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. Beaman, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1945 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from 12/14, 1945, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Death By Freezing

Due to Exposure

Due to Falling, striking head and unable to get up.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external injury, specify 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)**

(e) Means of injury _____

23. Signature Dr. H. L. Holden **(M.D. or other)** D.O.

Address 729 E. Bldg. Sedalia, Mo. **Date signed** 12/14/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

1486

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-46

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 Shane Ewing
Licensed Embalmer No. 3847
P. O. Address Sevelia 570

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.

Registration District No. 274

Primary Registration District No. 5922

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1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Beaman
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Melvin V. Farns

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased: Sept 3, 1865
 (Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 20 If less than one day
 ..hr.min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
 { 13. Birthplace..... (City, town, or county) (State or foreign country)
 { 14. Maiden name.....
 { 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits, write "RURAL").
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
 that I last saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Due to Death was due to Fracturing
in his home, was not public
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

1865-5
 118

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence..... 12-14-45

(c) Where did injury occur? Beaman Pettis Co Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work?..... (Specify type of place)
 (e) Means of injury Fall

23. Signature Dr. H. L. Holden (M. D. or other)

Address 229 Ely-Blg- Paducah, Mo. Date signed.....

SUPPLEMENTARY

Duration
 Physician
 Underline the cause to which death should be charged statistically.

42082