S. No. 2
M—5-43
v. 5-17-39
I X36671

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

FILED JAN 11 1946

State File No. 42288

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 194

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 Pike Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles (If outside city or town limits, write "RURAL")
(d) Street No. 309 Pike Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William F. Farrar

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 Widowed
6. (b) Name of husband or wife Rosa Huth Farrar
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 4th (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
83	11	27	hr. min.

9. Birthplace Sullivan (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Jesse Farrar
13. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Bullack
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director
(b) Address St. Charles, Missouri
19. (a) Dec 4, 1945 (Date received local registrar) (b) Francis Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1945 hour 7 minute 01 A M.

21. I hereby certify that I attended the deceased from 7/5/ 1945 to 12/1 1945; that I last saw h[illegible] alive on 12/1 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Inanition	?
Due to: Generalized Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death): Old Rt. hemiplegia	3 yr
Senility	?

Major findings:
Of operations
Of autopsy No

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? No (Specify type of place)
While at work? (e) Means of injury

23. Signature R. O. Hayden (M. D. or other) MD
Address St. Charles, Mo Date signed 2/4/45

1663

(Licensed Embalmer's Statement on Reverse Side)

Hayden

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-10-46

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 Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles 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.