

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5234

State File No. _____

FILED MAR 11 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
931 East Walnut 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 Fifty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 931 East Walnut Street
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN SEBREE FARRINGTON

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Blanche M. Farrington

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

7. Birth date of deceased February 16, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Attorney

11. Industry or business LAW

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country) UNK. 4

14. Maiden name Unknown

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

16. (a) Informant Richard Farrington

(b) Address 931 East Walnut, Springfield, Mo

17. (a) Cremation (b) Date thereof 2/24/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-23-46 (b) RWE Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21,
year 1946 hour 9: minute 15 P.M.

21. I hereby certify that I attended the deceased from August
First 1939, to Feb. 21 1946
that I last saw him alive on Feb 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Demonstration

Due to Quadrantal Colic 15 yrs.

Due to Carcinoma Prostate 7 yrs.

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

Major findings:
Of operations 5/10

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) _____
(e) Means of injury 0

23. Signature Edward J. Hoover (M. D. or other) _____
Address Springfield, Mo. Date signed 2-23-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4231
39
2
4

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Lewis G. Scherpf

Licensed Embalmer No.....
3802

P. O. Address.....
Springfield, 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.

X