

FILED APR 30 1946

Registration District No. 216

Primary Registration District No. 1-2 11

Registrar's No.

1. PLACE OF DEATH:

(a) County WASHINGTON
(b) City or town TOTOSI (RURAL) (BRETON)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 YRS. 6 MO. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON 110
(c) City or town TOTOSI (If outside city or town limits, write "RURAL") RURAL 0
(d) Street No. 3 MI. - WEST. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BIRCHARD M. FARRELL

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MARY JANE FARRELL 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased DEC 29 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 26 hr. min.

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

10. Usual occupation FARMING

11. Industry or business

12. Name JAMES H. FARRELL

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

14. Maiden name ADELINE BALANCE

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

16. (a) Informant MARY JANE FARRELL

(b) Address TOTOSI MO

17. (a) BURIAL (b) Date thereof 1 27 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW MASONIC CEMETERY

18. (a) Signature of funeral director Byer Funeral Home

(b) Address TOTOSI MO

19. (a) Mar 1-46 (b) Mrs G. F. Presnall (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25 year 1946 hour 9 minute 0 A.M.

21. I hereby certify that I attended the deceased from Jan - 7 - 1946 to Jan - 25 - 1946 that I last saw him alive on Jan - 25 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to

Due to

Other conditions Hemiplegia (Include pregnancy within 3 months of death) 145025th

Major findings: Of operations 9 30 Of autopsy 9 30 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 J. P. Towissard (M.D. or other)

Address Totosi Mo Date signed 1-26-46

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

MOTHER FATHER

RECEIVED

District Health Officer No... 4

District File Number 446-202

Date Filed 4-29-46

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, [Signature]

..... Registered Apprentice No.....
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 4158

P. O. Address TOTOSI 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.