

S. No. 2
 M-5-43
 v. 5-17-39
 I X36671

State File No. _____

FILED JUN 10 1946

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
520 North 4th.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Forty Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike
 (c) City or town Louisiana
(If outside city or town limits, write "RURAL")
 (d) Street No. 520 North 4th.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Farrell
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17
 year 1946 hour 12/30 minute AM.
 21. I hereby certify that I attended the deceased from
April 10, 1946 to May 17, 1946
 that I last saw him alive on May 16, 1946, 19____
 and that death occurred on the date and hour stated above.

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 November 3 1898
(Month) (Day) (Year)

Immediate cause of death:
Sclerosis of liver
Avitaminosis
Chr. Disseminated Osteo Arthritis
 Other conditions:
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>6</u>	hr. _____ min.

Duration
1 yr.
2 mo.
life
PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Rockport Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation SEMI-INVALID

11. Industry or business _____
MOTHER FATHER
 { 12. Name Matthew Farrell
 { 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 { 14. Maiden name Henrietta Grotz
 { 15. Birthplace Pike County Illinois
(City, town, or county) (State or foreign country)

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) Years of injury _____

16. (a) Informant Nora Farrell
 (b) Address Louisiana, Missouri
 17. (a) Burial (b) Date thereof May 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Louisiana, Missouri
 18. (a) Signature of funeral director Garner & Sterne
 (b) Address Louisiana, Missouri
 19. (a) May 18/46 (b) Frank E. Stephens
(Date received local registrar) (Registrar's signature)

23. Signature Robert L. Medina M.D.
 Address Louisiana, Mo Date signed 5/17/46

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

RECEIVED

District Health Officer No. 10

District File Number 6-46-1161

Date Filed JUN 6 1946

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 Harold J. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.