S. No. 2
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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

FILED JUN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17701

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: West Broadway
(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: 84

(a) State Missouri (b) County Polk

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

(d) Street No. West Broadway
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edna Jane Farmer

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Alva R. Farmer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 21 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	0	12	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name George Vest
13. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mollie Montgomery
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alva R. Farmer
(b) Address Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) May 7-1946 (Date received local registrar) (b) Ralph Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1946 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 1945, 19, to May 3, 1946, that I last saw her alive on May 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma uterus	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 48	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D C McCraw (M. D. or other)
Address Bolivar Mo. Designed

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(Licensed Embalmer's Statement on Reverse Side)

Distrib[illegible] No. 7

District File No. 5-46-509

Date Filed 6-4-46

APR 19 1950

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.