

FILED MAY 16 1946
Registration District No. 376

Primary Registration District No. 6282

Registrar's No. 8

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town CLARK TWP - RURAL
(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 8 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT / 14
(c) City or town CLARK TWP - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1946 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 20 to April 17, 1946
that I last saw him alive on April 17, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Chloroform
Durditon

3. (a) PRINT FULL NAME NARRY NORMAN FARSON
3. (b) If veteran, name war NON-P.
3. (c) Social Security No. NO. N.P.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife UNA LANE FARSON
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased JUN 9 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 8
If less than one day hr. min.

9. Birthplace Willow Island West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business MILK CONDENSERY

12. Name JAMES FARSON

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

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Farson

(b) Address Myadank mo

17. (a) BURIAL (b) Date thereof APR 19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSFIELD CEMETERY

18. (a) Signature of funeral director J. A. Steffe

(b) Address MANSFIELD MO

19. (a) 4-30-46 (b) Mrs. A. R. Worsham
(Date received local registrar) (Registrar's signature)
by Mackey Bennett
(Licensed Embalmer's Statement on Reverse Side)

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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.....

23. Signature L. J. ... (M. D. or other)
Address Yardwood ... Date signed 4/22 1946

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

MOTHER FATHER

347

RECEIVED

District Health Officer No. 6

District File Number 546-531

Date Filed MAY 11 1946

MAY 20 1946

MAY 21 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 Geo Steffe.....

Licensed Embalmer No. 3221.....

P. O. Address Manfield Ind.....

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.