U. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30660

FILED SEP 18 1946

Registration District No. Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 517 Kentucky
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 517 Kentucky 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Janie Farris

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Fem 2

5. Color or race Blk

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Charles Farris

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 26, 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	22	hr. min.

9. Birthplace Mt. Vernon (City, town, or county) Missouri (State or foreign country)

10. Usual occupation home duties

11. Industry or business

FATHER
12. Name Burl Stone 4
13. Birthplace No record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Charles Farris
(b) Address 517 Kentucky, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Parkway Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 8-22-46 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1946 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Aug 17, 1946 to Aug 18, 1946 that I last saw her alive on Aug 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46 B

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 0

23. Signature H H Allen (M. D. or other)

Address Joplin Mo Date signed 8-22-46

(Licensed Embalmer's Statement on Reverse Side)

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

46-8-745

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 Erling M Dungy

Licensed Embalmer No. 3566

212 Joplin St. P. O. Address Joplin 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.