

FILED OCT 28 1946  
Registration District No. 30

Primary Registration District No. 5103

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Warsaw Rural "Rural"  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town Rural "Warsaw"  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME William Hunter Farier

3. (b) If veteran, name war No 3. (c) Social Security No. 492-18-3358

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie M. Farier 6. (c) Age of husband or wife if alive 61  
7. Birth date of deceased Nov 20 1877  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dade County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Henry Farier  
13. Birthplace Benton County Ark!  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Farison  
15. Birthplace Benton County Ark!  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie M. Farier  
(b) Address Warsaw Mo

17. (a) Burial (b) Date thereof 10/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkhead Cemetery

18. (a) Signature of funeral director Reser Funeral Home  
(b) Address Warsaw

19. (a) 10/18/46 (b) Jas. G. Logan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12  
year 1946 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-10, 1946 to 10-12, 1946  
that I last saw him alive on 10-12, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic Pneumonia  
Due to Cerebral Anoxemia  
Cerebral Hemorrhage

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: g3A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature A. W. Moulton (M.D. or other) DO  
Address Cole Camp, Mo Date signed 10-17-46

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

EXHIBIT  
D. 1000 No. 7  
DATE 9-46-1096  
TIME 10-25-46

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**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..... *John F. Weser*  
Licensed Embalmer No. *4098*  
P. O. Address..... *Warsaw*

**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.**