

V. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
I X37823

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36245  
Registrar's No. 387

FILED DEC 4 1946

Registration District No. 1 Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Gallaway

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

(c) Name of hospital or institution:  
State Hosp. no 1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 2 mo. 28 days  
(Specify whether years, months or days)

In this community 4 yrs. 2 mo. 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montgomery 14

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

(d) Street No. 2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Martha J. Farris

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 1 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John Phillips

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name R. Parker

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Jarvis

(b) Address Lipton MO

17. (a) Burial (b) Date thereof Nov. 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lipton MO

18. (a) Signature of funeral director Glen G. Murrin

(b) Address 712 Court St. Fulton MO

19. (a) 11-27-1946 (b) John Marschke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1946 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 1, 1946, to Nov 26, 1946; that I last saw her alive on Nov 26, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Generalized arterio-sclerosis

Due to \_\_\_\_\_

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

Major findings: 930

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 5

23. Signature James Thomas (M. D. or other) \_\_\_\_\_

Address Fulton MO Date signed 11/26/46

**RECEIVED**  
District Health Officer No. 9,  
District File Number  
Date Filed 12-2-46

**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..... *Glen Y. Marpin* .....  
Licensed Embalmer No. *2125* .....  
P. O. Address *Fulton, 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.**