

6-2
2-43
7-39
K35697

FILED JAN 3 1947

Registration District No.

Primary Registration District No. 4403

State File No.

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Remigist
(b) City or town Steele
(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 20 yrs years, months or days)

3. (a) PRINT FULL NAME Halter Mal Farrow
(b) If veteran, name war
(c) Social Security No.

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive 26 years
7. Birth date of deceased Oct 26 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 1 29 hr. min.

9. Birthplace Deiner Ark
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER { 12. Name John Wilson
13. Birthplace Wesson Miss
(City, town, or county) (State or foreign country)
14. Maiden name Anna Priatt
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lou Betty Cook
(b) Address Edinburghville

17. (a) Burial (b) Date thereof 12-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halley Grove

18. (a) Signature of funeral director J. S. Garner

(b) Address Steele Mo.

19. (a) 1-1-47 (b) J. V. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remigist
(c) City or town Steele
(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 Dec day 25
year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw him alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death throat cut completely through to the jugular vein Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) homicide

(b) Date of occurrence 12-25-46

(c) Where did injury occur? Steele Remigist Mo
(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 Jack Kelly Corson (M.D. or other)

Address Steele Mo Date signed 12-26-46

244

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

1-47-8

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.....

Jack Kelley

Licensed Embalmer No.....

3788

P. O. Address.....

Hayti, 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.