S. No. 2
M—5-43
7. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 726

FILED FEB 11 1947

Registration District No. 11 — Primary Registration District No. ~~[illegible]~~ 4184 — Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Gerald Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX (Specify whether years, months or days)
In this community: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Franklin 36
(c) City or town: Gerald
(If outside city or town limits, write "RURAL")
(d) Street No.: U
(If rural, give location): U
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: X X

3. (a) PRINT FULL NAME: RUBAN-H-FARRAR
3. (b) If veteran, name war: X X
3. (c) Social Security No.: X X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Martha Ellen Farrar
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Nov. (Month) 27 (Day) 1858 (Year)

8. AGE: Years 88 | Months 2 | Days 3 | If less than one day: hr. XX min.

9. Birthplace: Springbluff Franklin Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: a
MOTHER FATHER
12. Name: Harrison Farrar
13. Birthplace: Unknown a (City, town, or county) (State or foreign country)
14. Malden name: Unknown
15. Birthplace: Unknown a (City, town, or county) (State or foreign country)
16. (a) Informant: Jessie R. Farrar
(b) Address: 2527 Valley Ave Maplewood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Presbyterian Ce Gerald
18. (a) Signature of funeral director: E. T. Meyer
(b) Address: Gerald Mo
19. (a) 2-2-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1947 hour 12:30 minute A M.
21. I hereby certify that I attended the deceased from Jan 30, 1947, to Jan 30, 1947, that I last saw him alive on Jan 29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration: 4 Days
Cerebral Thrombosis — Duration: 4 yrs
Due to: Hypertension
Due to:
Other conditions (Include pregnancy within 3 months of death): 94 A
Major findings: Of operation: No Operation
Of autopsy: No 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: [illegible] (M. D. or other)
Address: Geiger Mo Date signed: 2-1-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-10-47

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 me, Registered Apprentice No., working under my personal supervision.

Signed Earl C Seitz

Licensed Embalmer No. 33385

P. O. Address New Haven 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.