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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17398

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2083

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Home - 1514 Poplar Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1514 Poplar Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Florence M. Farmer

3. (b) If veteran, name war No

3. (c) SOCIAL SECURITY No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John H. Farmer

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

7. Birth date of deceased Dec. 3rd, 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1947 hour 10 minute 7 M.

21. I hereby certify that I attended the deceased from January, 1947 to 10 May, 1947
that I last saw her alive on 10 May, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

8. AGE: Years Months Days If less than one day

83 5 7 _____ hr. _____ min.

Due to Carcinoma of Stomach ? 1 year

Due to Celiac obstruction 5 weeks

Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Unknown

{ 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: 468

Of operations _____

Of autopsy Same as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Harrel W. Farmer

(b) Address 1514 Poplar Ave.

17. (a) Burial (b) Date thereof 5/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Mo.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th, St.

19. (a) 5-11-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 6

23. Signature John Haight MD (M. D. or other)

Address 47620 9th St. Platte City, Mo. Date signed 11 May 1947

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

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.....
Licensed Embalmer No.....
P. O. Address.....

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.