. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 26804

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 942

**1. PLACE OF DEATH:**

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nursing Home 2421 Francis St. (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution: 22 years. In this community: 60 years. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 1115 Ashland Ave. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Mary Elizabeth Farthing

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 26 (Day) 1880 (Year)

8. AGE: Years 67 | Months 0 | Days 10 | If less than one day: hr. min.

9. Birthplace: Marske-By-The-Sea (City, town, or county) Yorkshire, England (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: Thomas Farthing
13. Birthplace: Yorkshire (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name: Mary Ann Robinson
15. Birthplace: Ferry Hill Durham Co. (City, town, or county) England (State or foreign country)

16. (a) Informant: Miss. Isabel Farthing

(b) Address: 1115 Ashland Ave., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 9, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Auburn Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 8-9-47 (Date received local registrar) (b) Kate Jenkins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 6th year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 5, 1947 to Aug. 6, 1947; that I last saw her alive on Aug. 6, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 24 hrs. |
| Had Cerebral Hemorrhage in 1940 | |
| Due to: never entirely recovered. | |
| Arteriosclerosis general | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings: Of operations: none

Of autopsy: none

PHYSICIAN — Underline the cause of 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:

23. Signature: R E Burgher (M. D. or other)

Address: 211 Kirkpatrick Bldg St. Joseph, Mo. Date signed: Aug 7, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 2 - 1947

SEP 15 1947

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.....Elbert R. Harrington.....

Licensed Embalmer No.....3258 Missouri.....

P. O. Address.....St. Joseph, 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.