

FILED OCT 13 1947

State File No.

Registration District No. 98

Primary Registration District No. 5366

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Marion Twp. "Rural"

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Marion Twp. "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Katie Farrar

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. Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive. ✓ years

7. Birth date of deceased March 9, 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1947 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 19th
1931, to Aug 10th, 1947
that I last saw h. er alive on Aug 4th, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 5 I hr. min.

Immediate cause of death Bronchial Pneumonia, Duration 7 days

Due to _____

Due to _____

Other conditions Cerebral hemorrhage 1931
(Include pregnancy within 3 months of death)

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

10. Usual occupation House-keeper

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy NO

11. Industry or business _____

12. Name Silas Farrar

13. Birthplace Hillsboro Ohio
(City, town, or county) (State or foreign country)

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? _____

14. Maiden name Sarah Telford

15. Birthplace Rea County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Amy Kinkade

(b) Address Altamont, Missouri

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Fred W. Wilson (M. D. or other) _____

Address Winston, Missouri Date signed 8/14/47

17. (a) Burial (b) Date thereof Aug 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Ayr

18. (a) Signature of funeral director [Signature]

(b) Address Pattonsburg, Mo.

19. (a) Sept 24 47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Robert V. Nunham

Registered Apprentice No. *50*

working under my personal supervision.

Signed.....

E. Stroman

Licensed Embalmer No. *2857*

P. O. Address *Pattersonburg 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.