

No. 2  
2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 16 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31190**  
Registrar's No. **3804**

Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Research Hospital**  
(d) Length of stay: In hospital or institution **since 8-1-47**  
In this community **as above**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **54**  
(c) City or town **Lexington** **3**  
(d) Street No. **X** **2**  
(e) Citizen of foreign country? **no.** (Yes or No) **1**  
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Leota Pearl Farlow**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **September** day **4**  
year **1947** hour **9:35** minute **A.** M.

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

21. I hereby certify that I attended the deceased from **August 1 - 47**  
**27** to **September 4**, 19**47**  
that I last saw her alive on **Sept 4**, 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

Immediate cause of death **Uremia**

6. (b) Name of husband or wife **Dell V. Farlow** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **June 28 1888**

Due to **Septic Ulcers of lateral Infarcts**

8. AGE: Years **59** Months **2** Days **16** If less than one day hr. min.

Due to **Cavernoma - Uremic Stutter**

9. Birthplace **Kansas**

Other conditions **525**

10. Usual occupation **at home**

Major findings: **Trans-urethral Reaction of Tumor**

11. Industry or business **X**

Of autops: **Cavernoma Stutter - Bi lateral Renal Infarctions**

12. Name **Henry Nelson**

13. Birthplace **Kansas**

14. Maiden name **unknown**

15. Birthplace **Kansas**

16. (a) Informant **Dell V. Farlow**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)

(b) Address **Lexington, Missouri**

17. (a) **removal** (b) Date thereof **9-4-47**

(c) Place: burial or cremation **Stine & McClure**

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **[Signature]** (M. D. or other) **2**  
Address **2329 Park Blvd City** Date signed **9/16/47**

Dr. R. L. Hoffman

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..... *Robert H. Reed* .....

Licensed Embalmer No..... *3745* .....

P. O. Address..... *Ne. 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.