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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35703

Registrar's No. 9397

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

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

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Riscoville (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Willie R. Farmers

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ruth Farmers

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased August (Month) 10 (Day) 1908 (Year)

8. AGE: Years 39 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Anninston (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Will Farmers
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Mary Kelley
15. Birthplace (City, town, or county) Unknown (State or foreign country) 0

16. (a) Informant Ruth Farmers 1

(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) 10 (Day) 10 (Year) 47

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

OCT 14 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 8 day 8th year 1947 hour 7 minute 35 a.m.

21. I hereby certify that I attended the deceased from Sept. 28, 1947, to Oct. 8, 1947; that I last saw him alive on Oct. 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Hypertensive cardio-vascular disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy ✓

Duration: at least 1 yr.

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 0

23. Signature Robert M. Smith (M. D. or other) MD

Address 114 N. Taylor Date signed 10/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.