S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39630

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10834

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter 18

(c) City or town N.R. Fremont
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Karen Sue Farris

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 1

5. Color or race W

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 Nov (Month) 17 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Otis Farris
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ethel Craig
15. Birthplace Linn Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Otis Farris
(b) Address Fremont, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Fremont Cem - Van Buren

18. (a) Signature of funeral director Seaton Penrith
(b) Address Van Buren Mo

19. (a) NOV 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24 year 47 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from 11-16, 1947, to 11-24, 1947; that I last saw her alive on 11-24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death aspiration	
Due to hypognathus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Gilbert B. Forbes (M. D. or other)

Address Children's Hosp. Date signed 11/24

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

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.....Not Embalmed.....

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.