

No. 2  
12-45  
1-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40921**

FILED JAN 5 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1533**

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:  
State Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether  
In this community 7 days years, months or days)

3. (a) PRINT FULL NAME JOHN W. FARRELL

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna Farrell  
6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased APRIL - 63 - 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 8 18 hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Hardware

MOTHER FATHER

12. Name William 9

13. Birthplace Union Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name William

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

16. (a) Informant T. L. Wilkerson 1

(b) Address Union Star, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/25/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Missouri

18. (a) Signature of funeral director Heaton Bowman

(b) Address St. Joseph, Mo

19. (a) 12-31-47 (Date received local registrar) (b) C. L. Jenkins (Registered signature) 287

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb 11  
(c) City or town Union Star 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. Union Star 7  
(If rural, give location)  
(e) Citizen of foreign country? No. 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24  
year 1947 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-17- 1947, to 12-23- 1947  
that I last saw him live on 12-23- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 1 week

Due to Gangrene

Due to 3rd degree burn of entire right hand 2 weeks

Other conditions Psychosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 18/15

Of autopsy 18/15

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 32

(b) Date of occurrence Dec 1, 1947

(c) Where did injury occur? Union Star, DeKalb, Mo.  
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury lighting pipe

23. Signature D. P. Johnson (M. D. or other) 0

Address State Hospital No. 2 Date signed 12-24-47

W. Maroney O.D.

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

Yoda

**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.....

*William Spalding*, Registered Apprentice No. *28*  
working under my personal supervision

Signed *Eugene Wood*  
Licensed Embalmer No. *3804*  
P. O. Address *314 So 10th, 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.**