S. No. 2
M—1/47
S-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5264

Registration District No. FILED FEB 19 1948

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1431 Joplin Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1431 Joplin Street 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: HERBERT IRVIN FARMER
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Esther Farmer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 9th, 1892 (Month) (Day) (Year)

8. AGE: Years 55 | Months 10 | Days 15 | If less than one day: hr. min.

9. Birthplace: Chicopee, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Stepfather: Jack Zellar--Webb City
13. Birthplace: (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country) 9
16. (a) Informant: Esther Farmer
(b) Address: 1431 Joplin St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Park Cemetary
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: Joplin, Missouri
19. (a) 1-28-48 (Date received local registrar) (b) Malvern Simpkins (Registrar's signature) 1-29

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 24th year 1948 hour 9 minute P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw him alive on ..., 19..., and that death occurred on the date and hour stated above.
Did not attend.

Duration

Immediate cause of death: Pneumonia
Due to: Collapse
Due to:
Other conditions: 94A
(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) Manner of injury
23. Signature: Dr. H. Jenkett (M. D. or other) Coroner
Address: Joplin Date signed 1/26/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-1-111

FEB 20 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.