

FILED FEB 17 1948

Registration District No. **340**

Primary Registration District No. **6029**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Reynolds**

(b) City or town **Redford**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Reynolds** **90**

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

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

(e) Citizen of foreign country? **No.** (Yes or No) **0**

If yes, name country .....

3. (a) PRINT FULL NAME **Gibeon A. Farris**

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Mariah Farris**

6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **Oct 3 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**87 2 3** .....hr. ....min.

9. Birthplace **Washington Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

MOTHER FATHER

11. Industry or business .....

12. Name **John J. Farris**

13. Birthplace **Calidonia Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Boal**

15. Birthplace **Ireland** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. T. Werner**

(b) Address **Redford, Mo.**

17. (a) **Burial** (b) Date thereof **1-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Redford Cemetery**

18. (a) Signature of funeral director **Phil A. Leuckel**

(b) Address **Van Buren, Ellington, Mo.**

19. (a) **2-2-1948** (b) **Essie G. Vans**  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **6**  
year **1948** hour **8** minute **p.** M.

21. I hereby certify that I attended the deceased from **Jan 5**, 19**48**, to **January 28**, 19**48**  
that I last saw **him** alive on **Jan 8**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia Bronchial**

Due to **Infirmities of old age**

Due to .....

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

Major findings: **107**  
Of operations.....

Of autopsy.....

Duration

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? .....

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

While at work? .....

23. Signature **J.R. Pytle, M.D.** (M. D. or other) **0**  
Address **Chattanooga, Mo.** Date signed **1-8-48**

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

RECEIVED

District Health Officer No. 5,

District File Number 248105

Date Filed 2-16-48

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 1-6-48

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.