S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

15266

State File No.

FILED APR 28 1948

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County Wayne
(b) City or town Piedmont
(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 (Specify whether
In this community
years, months or days)

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

3. (a) PRINT FULL NAME James Mack Farris
3. (b) If veteran, name war World War I
3. (c) Social Security No. 492-16-5843
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Ola Rattiff Ferris
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Aug 18 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Carter Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Ephram Farris
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Winnie C. Boxx
15. Birthplace D.K.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Cora Farris
(b) Address Piedmont Mo
17. (a) Burial (b) Date thereof 3/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dry Valley Cem. Reynolds Co
18. (a) Signature of funeral director William Cole
(b) Address Piedmont Mo.
19. (a) April 27 48 (b) Susie E. Piles
(Date received local registrar) (Registrar's signature) 340

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28th
year 1948 hour 2:00 P.M. minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

83A

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Natural
(b) Date of occurrence Feb. 28 1948
(c) Where did injury occur? Piedmont Wayne Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial
(Specify type of place)
While at work? Yes (e) Means of injury 3
23. Signature Gus S. Marshall (M. D. or other) Coroner
Address Greenville Date signed 3/1/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1948

MAY 13 1948 APR 27 194

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 Cooper Funeral Home, Registered Apprentice No. ....., working under my personal supervision.

Signed William Cooper

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.