S. No. 2
M—8-43
7. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9, 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18812

Registration District No. 43 Primary Registration District No. 4059 Registrar's No. 212

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Neelyville
(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 years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Fred F Farr

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 widowed

6. (b) Name of husband or wife Minnie Lovelace Farr

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

7. Birth date of deceased Jan (Month) 5 (Day) 1878 (Year)

8. AGE: Years 70 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation medical doctor

11. Industry or business

MOTHER FATHER

12. Name Dr. N.A. Farr

13. Birthplace ~~XXXXXXXXXXXXXX~~ Brunot Mo. (City, town, or county) (State or foreign country)

14. Maiden name Melissa Chilton

15. Birthplace Brunot (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Gene Fitz

(b) Address Desark, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Desark, Mo.

18. (a) Signature of funeral director Gish Funeral Service

(b) Address Naylor, Mo.

19. (a) 6-30-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 28, 1948 to June 28, 1948 that I last saw him alive on June 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death angina pectoris — Duration

Due to Diagnosis made from history, was dead when called to all lines

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

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)

(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 [illegible] (M. D. or other)

Address Naylor Mo. Date signed 6-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 748-821
Date Filed 7-6-48

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 Carlos Taylor, Registered Apprentice No. 60, working under my personal supervision.

Signed Bryan McCord
Licensed Embalmer No. 4079
P. O. Address Naylor 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.