FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 20 1948

Registration District No. 1934

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22953

Primary Registration District No. 5494

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Rural
(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: All life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 4½ miles N. & W. of Mt. Moriah, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charle y Ray Farmer
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 28 (Day) 1898 (Year)

8. AGE: Years 49 | Months 9 | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Mercer Co., (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....

FATHER
12. Name: John Parmer
13. Birthplace: (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name: Rosa Dinsmore
15. Birthplace: Warren Co., (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Alta Mace
(b) Address: Cainsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Goshen Cemetery
18. (a) Signature of funeral director: E. J. Stokla sa
(b) Address: Cainsville, Missouri.
19. (a) July 10-1948 (Date received by local registrar) (b) S. Pha Shaw (Registrar's signature) 117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day abut 18 year 1948 hour — 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	Duration
Suicide	
Due to: Gunshot wound of head.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Body lay possible 6 days before being found	

Major findings:
Of operations: No
Of autopsy: No

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): suicide
(b) Date of occurrence: abut may 18
(c) Where did injury occur? Country farm (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)
While at work? ..... (e) Means of injury: 2

23. Signature: Joe E. Wheeler Coroner (M.D. or other)
Address: Bethany Missouri. Date signed 5/25/48

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

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

AUG 4 1963

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ Eddie J. Stoklasa, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.