

FILED AUG 9 1948

State File No. _____

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community Lifetime. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. West 4th (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella Dove Farrar

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Farrar 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 30, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>-</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business --

MOTHER, FATHER

12. Name Milas Russell

13. Birthplace Alabama (City, town, or county) (State or foreign country)

14. Maiden name Martha J. Givens (City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Farrar

(b) Address Holden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Rockspring Cem.

18. (a) Signature of funeral director E. B. Cast
(b) Address Holden, Mo.

19. (a) May 1, 1948 (Date received local registrar) (b) Mrs. Ed Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from Jan 12 1948 to April 30 1948
that I last saw her alive on April 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to _____

Due to _____

Other conditions Sen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 9303

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Kelly Rawlins (M. D. or other)

Address Holden Mo Date signed 5/2/48

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.....

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

Signed..... *EBCast*

Licensed Embalmer No. *4059*

P. O. Address: *Holden, 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.