National Office of Vital Statistics

FILED AUG 7 1948

Registration District No. 1

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3038

State File No. 23506

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 608 W Dakes 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 608 W Dake 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME VERONICA MARIE FARRENKOPF

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) - 9 (Day) - 1906 (Year)

8. AGE: Years 41 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Brookfield (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm Joseph Farrenkopf
13. Birthplace La Harpe (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Mary Catherine Santillon
15. Birthplace Brookfield (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Frances M. Powders
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Michael Cem

18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo

19. (a) 7-24-48 (Date received local registrar) (b) Walter B Irwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1948 hour 12 minute 35 a.m.

21. I hereby certify that I attended the deceased from July 17, 1948, to July 17, 1948
that I last saw her alive on July 17, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Epilepsy	Years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Or autopsy	

85

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? (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 H. H. Potter (M. D. or other) Dec.

Address Brookfield Mo Date signed 7-20-48

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

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. J. W. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.