

National Office of Vital Statistics  
FILED JUL 23 1948

State File No. ....

Registration District No. 376

Primary Registration District No. 6071

Registrar's No. 225

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Rt. Commerce Marion Sup.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Marion Sup.  
(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 Missouri (b) County St. Francois  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt. Commerce Marion Sup.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MELISSA C. FARRAR  
3. (b) If veteran, ✓ 3. (c) Social Security No. ✓  
name war.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 17th  
year 1948 hour 2 minute 50 P.M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John W. Farrar  
6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased March 9 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20 - 1948 to July 17 - 1948  
that I last saw her alive on July 6 - 1948  
and that death occurred on the date and hour stated above.  
Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>4</u>	<u>8</u>	.....hr. ....min.

Immediate cause of death Chronic myocarditis  
Due to Schultz

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired  
11. Industry or business.....  
12. Name William Franklin Cook  
13. Birthplace Hickory  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Armstrong  
15. Birthplace Johnson  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations 930  
Of autopsy.....  
Underline the cause of which death should be charged statistically.

16. (a) Informant John H. Higgins  
(b) Address Rt. Commerce Marion Mo  
17. (a) Burial (b) Date thereof 7-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation B. Schultz  
18. (a) Signature of funeral director Berkner Fred  
(b) Address 313 Benton Commerce Marion Mo  
19. (a) 7-22-1948 (b) Other Rudolph  
(Date received local registrar) (Registrar's signature)

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 A. Evans (M. D. or other)  
Address Commerce Mo Date signed 7-22-48

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 748 = 93

Date Filed 7-26-48

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

*Jim Counts*

Registered Apprentice No. 96

working under my personal supervision.

Signed

*Clarence J. Claywell*

Licensed Embalmer No. 3706

P. O. Address

*Bonnie Bend Mt.*

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.