S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948
Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4151

State File No. 32435

Registrar's No. 19

1. PLACE OF DEATH
(a) County: Crawford
(b) City or town: Steelville-mo
(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: 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Crawford
(c) City or town: Steelville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MARTHA JANE FARRAR
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Jonathan
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 12 (Day) 1855 (Year)

8. AGE: Years 92 | Months 11 | Days 1 | If less than one day: hr. min.

9. Birthplace: Tenn (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Alford Clonts
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Miss Largent
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Chas May
(b) Address: Steelville mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Steelville cem
18. (a) Signature of funeral director: L. T. Jones Jr
(b) Address: Steelville Mo
19. (a) 10-10-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 7/c

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12th year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1940 to Sept 13 1948 that I last saw her alive on Sept 9 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	4 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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)
(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: L. G. Pomes (M. D. ~~Coroner~~)
Address: Steelville Mo Date signed: 9-15-48

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

RECEIVED 10-11-48
District Health Officer No. 5,
District File Number 104863
Date Filed 10-14-48

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 C. Jesse Isaki, Registered Apprentice No. ....., working under my personal supervision.

Signed C. Jesse Isaki

Licensed Embalmer No. 4486

P. O. Address Steelville, 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.