

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

FILED NOV 16 1948
Registration District No. 19879

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 40 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Joseph Farr

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Farr 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 3 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 5 23 br. min.

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

10. Usual occupation Carpenter

11. Industry or business self

12. Name John Farr

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

14. Maiden name Virginia Kissner

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

16. (a) Informant Anna Farr

(b) Address Kansas City Kansas

17. (a) Removal (b) Date thereof 10-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park R.C. Kansas

18. (a) Signature of funeral director R. A. Fulton

(b) Address Kansas City Kansas

19. (a) 10-28-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2701 N-17th
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1948 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 30, 1948 to Oct 26, 1948
that I last saw him alive on Oct 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory failure (Shock) 48 hrs
Due to: mesenteric thrombosis 72 hrs
Due to: Generalized Arteriosclerosis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations AA
Of autopsy

Duration
PHYSICIAN
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 J. D. Bennett J. D. Bennett M.D. (M. D. or other)
Address Kansas City, Mo Date signed 10/27/48

DEC 2 1910

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 *R. E. Fulton*

Licensed Embalmer No. *3593*

P. O. Address *K. C. Kansas*

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.