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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37493

Registration District No. 251 — Primary Registration District No. 3048 — Registrar's No. 258

**1. PLACE OF DEATH:**

(a) County: Nodaway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether
In this community: 41 years (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Nodaway
(c) City or town: Burlington Jct. (If outside city or town limits, write "RURAL")
(d) Street No.: 6 miles north (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: BESSIE BLANCHE FARQUHAR
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John T. Farquhar
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Oct. (Month) 1 (Day) 1882 (Year)

8. AGE: Years 66 | Months 0 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace: Page County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Robert Britt
13. Birthplace: (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name: Maggie Keeler
15. Birthplace: (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Mr. John T. Farquhar
(b) Address: Burlington Jct., Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lamar Cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville, Missouri
19. (a) 11/6/48 (Date received local registrar) (b) Bess Hall (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 29 year 1948 hour 2 minute 15P M.
21. I hereby certify that I attended the deceased from 10-21, 1948, to 10-29, 1948 that I last saw her alive on 10-29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulated hernia P-OH
Due to: Operation
Due to: Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death): 226
Major findings: Of operations: Arrhythmia
Of autopsy:

Duration: 48 hrs

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

23. Signature: [signature] (M. D. or other)
Address: Maryville Mo. Date signed: 11-3-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1956

DISTRICT HEALTH OFFICE
Cameron, Mo.

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**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 Alan M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.**