

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42913**

**FILED MAR 15 1949**  
Registration District No. **174**

Primary Registration District No. **3035**

Registrar's No. **65**

**1. PLACE OF DEATH:**  
(a) County LAFAYETTE  
(b) City or town LEXINGTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1214 MAIN ST  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)  
In this community MOST OF LIFE

**3. (a) PRINT FULL NAME** Eddie Windsor Farmer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife LEDDY FARMER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JUNE 3 1863  
(Month) (Day) (Year)

**8. AGE:** Years 85 Months 4 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace LEXINGTON MO  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
12. Name Edward Windsor  
13. Birthplace MARYLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY S. WILSON  
15. Birthplace MARYLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant LEDDY FARMER  
(b) Address EDMONTON, ALBERTA, CANADA

17. (a) BURIAL (b) Date thereof Oct 27 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEXINGTON MO

18. (a) Signature of funeral director FORREST F. TAMPEL  
(b) Address LEXINGTON, MO

19. (a) 20/10/48 (b) Manassas  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town LEXINGTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1214 MAIN ST  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month OCT day 24  
year 1948 hour 11 minute 150 P. M.

21. I hereby certify that I attended the deceased from Oct 13 1948 to Oct 24 1948  
that I last saw him alive on Oct 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Pneumonia  
Due to Otitis Media

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy g.i.w.

**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 0  
Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Lexington MO Date signed 10/27/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-14-49

Brush

MAR 18 1949

**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 *Geo. McKean* .....

Licensed Embalmer No. *2983*

P. O. Address *Leamington, Mich.*

**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.**