

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

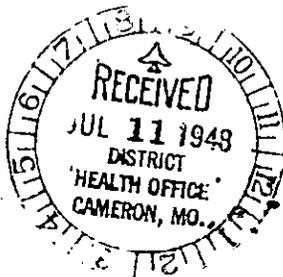
State File No. 18515
Registrar's No. 243

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

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>	
c. LENGTH OF STAY (in this place) <u>1 yr. 2 mo</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Haynes</u> b. (Middle) <u>Henry</u> c. (Last) <u>Farmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 25 1877</u>
9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	11. IF UNDER 24 HRS. Hours <u>_____</u> Min. <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Tazewell County, Va.</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Jeremiah Farmer</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Kinder</u>		14. NAME OF HUSBAND OR WIFE <u>Henriette Farmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. H. Farmer</u>		ADDRESS <u>Savannah</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leucorrhea of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		157A	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Savannah Andrew Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-1-1949</u> to <u>7-3-1949</u> , that I last saw the deceased alive on <u>7-3-1949</u> and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ralph P. Kelly M.D.</u>		23b. ADDRESS <u>Savannah, Mo 7-6-49</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Nodaway County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-6-49</u>	REGISTRAR'S SIGNATURE <u>Kellman Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm A Rich Savannah Mo</u>	



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.....

Student Embalmer No. 326

working under my personal supervision.

Signed Wm A Rich
Student Embalmer

Signed G M Atkinson

Licensed Embalmer No. 2279

P. O. Address. Savannah

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.