

with, welfare, public service

STANDARD CERTIFICATE OF DEATH

31843

STATE FICE NUMBER

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4102

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Trinity Hospital</b>		Length of stay in 1b <b>45 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3021 Elmwood</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>MARVIN J. FARMER</b>			4. DATE OF DEATH Month Day Year <b>Aug. 30 1957</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 21, 1905</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R. R.</b>	11. BIRTHPLACE (City and state or country) <b>Springfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John Farmer</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Becker</b>	14. NAME OF HUSBAND OR WIFE <b>KATHRYN FARMER</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. II</b>	16. SOCIAL SECURITY NO. <b>495-03-7277</b>	17. INFORMANT Address <b>Mrs. Kathryn Farmer, 3021 Elmwood</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Recurrent Pulmonary Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pulmonary Arterial Embolism</b> <b>3 mos.</b>	
	DUE TO (c) <b>Embolism from Thrombophlebitis of</b> <b>3 mos.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <b>4/10/57</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from July 20, 1957 to August 30, 1957 and last saw him alive on Aug 29, 1957  
Death occurred at 1:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Edw. H. Fischer M.D.</b>	22b. ADDRESS <b>306 E. 21st Ave 16 mo</b>	22c. DATE SIGNED <b>9/2/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-3-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS City, Mo.</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>9-2-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
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1800 E. Linwood, K. C., Mo. (Licensed Embalmer's Statement on Reverse Side)

Edw. H. Fischer I. MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

*W. E. H. Frank*  
*Trinity State*

**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. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Melvin Bastian* .....

Licensed Embalmer No. *4903* .....

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.