

REC'D JUL 11 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**21963**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 14 5496  
 (b) Township Windsor Primary Registration District No. 4211 Registered No. 17  
 (c) City..... (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Joseph B. Farmer

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ikens Farmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 5 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Miller County 0  
 (STATE OR COUNTRY) Missouri

13. NAME William Farmer 1

14. BIRTHPLACE (CITY OR TOWN) Illinois 9  
 (STATE OR COUNTRY)

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown  
 (STATE OR COUNTRY) unknown

17. INFORMANT Luther Farmer  
 (ADDRESS) Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun, Mo. DATE June 22 1938

19. FUNERAL DIRECTOR (NAME) Huston Turner  
 (ADDRESS) Windsor, Missouri

20. FILED June 22, 1938 (Signature) Dunning  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1938

I HEREBY CERTIFY, That I attended deceased from June 14 1938, to June 20 1938

I last saw him alive on June 16 1938 Death is said to have occurred on the date stated above, at 9:00 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease  
hypertension  
51

Date of issue 6-23-38

Other contributory causes of importance: Chronic nephritis 1937

Name of operation none Date of.....  
 What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) H. J. Dunning  
 (Address).....

STATEMENT TO BE MADE BY THE EMBALMER  
OF THE BODY OF \_\_\_\_\_  
DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

**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, \_\_\_\_\_

*Edell Huston*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Edell Huston*

Licensed Embalmer No. \_\_\_\_\_

3391

P. O. Address \_\_\_\_\_

*Windsor, 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, above space should be left blank.