

U. S. No. 2
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Rev. 5-17-39
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3005

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County HENRY CLINTON

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 316 Jefferson 1
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 3 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Calhoun
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary F Farmer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
year 1943 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from 11-15, 1943, to 12-31, 1943
that I last saw her alive on 12-31, 1943
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2 divorced widowed

6. (b) Name of husband George C Farmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: (Month) 8 (Day) 17 (Year) 1867

Immediate cause of death: Coronary Infarct Duration 2 da

Due to: Mitral disease

Due to: _____

Other conditions: Urinary 92 f
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: None

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 76 Months 4 Days 14 If less than one day: _____ hr. _____ min.

9. Birthplace: Bronx Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: George Little

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lillian Stephens
(b) Address: Calhoun Mo

17. (a) Funeral (b) Date thereof: 1 2 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calhoun Cem

18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Clinton Mo

19. (a) January 3, 1944 (b) Georgia Kitchner
(Date received by registrar) (Registrar's signature)

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 _____

23. Signature: E. C. Lester (M. D. or other) _____
Address: Clinton Mo Date signed: 1-4-44

1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 71 1300
District File Number ~~1-44-48~~
2-9-44

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 Fred W. Keeseon

Licensed Embalmer No. 2478

P. O. Address Clinton Ma

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.