

FILED JUL 17 1945

Registration District No.

Primary Registration District No. 3023

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Life
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life except 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N West Clinton
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME WILLIAM V. FARMER.

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife: Minnie Ola 6. (c) Age of husband or wife if alive: 37 years
7. Birth date of deceased: 4 (Month) 19 (Day) 1874 (Year)

8. AGE: Years 71 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business

12. Name Jacob Farmer
13. Birthplace Perma
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Belle Bridges
15. Birthplace Perma
(City, town, or county) (State or foreign country)

16. (a) Informant: Eva Farmer
(b) Address: Clinton Mo

17. (a) Burial (b) Date thereof: 6-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Leays Chapel

18. (a) Signature of funeral director: Fred Wickham

(b) Address: Clinton Mo

19. (a) June 18-45 (b) Myrtle Brownlee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15
year 1945 hour 4:30 minute am M.

21. I hereby certify that I attended the deceased from 6-14 1945 to 6-15 1945
that I last saw him alive on 6-14 1945
and that death occurred on the date and hour stated above.
Immediate cause of death:

Due to Coronary Occlusion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940
Of autopsy:

Duration
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 MD
23. Signature: E. C. Peltor (M.D. or other) MD
Address: Clinton Mo Date signed: 6/18/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 6-45-677

Date Filed 7-12-45

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 Frederick Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton Md

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.