

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED NOV 12 1947

Registrar's No. 232

Registration District No. 232

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution 501 S Orchard St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2.5 years
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 501 S Orchard
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA BELLE FARRIS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Rolla Farris

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug 21-1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>2</u>	<u>16</u> hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James F. Cahoon

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

14. Maiden name Elizabeth Brown

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

16. (a) Informant Rolla Farris

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consuelo Peck

(b) Address Clinton Mo

19. (a) 11-8-47 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1947 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept 27, 1945, to November 7, 1947.
that I last saw her alive on November 6, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus

Due to

Due to 48 1/2

Other conditions Hypertension Not 4 years
(Include pregnancy within 3 months of death)

Major findings: March 1947. Carcinoma of uterus with general metastasis

Of operations

Of autopsy None

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? —
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature S.R. Myles (M. D. or other) MD

Address Clinton Mo Date signed 11/11/47

Duration

One year

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

NOV 20 1947

RECEIVED
District Health Officer No. 71
District File Number 1047-1306
Date Filed 11-10-47

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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, fact should be so stated above.