

REC'D FEB 21 1939

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

1621

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 1
(b) Township 2 Primary Registration District No. 100 Registered No. 19
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital 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 1 1/2 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Farbaugh

(a) Residence, No. 610 St. Troy Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. J. Farbaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Unknown
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Daniel Hoffman

14. BIRTHPLACE (CITY OR TOWN) Bern
(STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Elizabeth Tanner

16. BIRTHPLACE (CITY OR TOWN) Bern
(STATE OR COUNTRY) Switzerland

17. INFORMANT R.J. Farbaugh
(ADDRESS) Hastings, Nebraska

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Troy Kansas DATE January 9, 1939

19. FUNERAL DIRECTOR (NAME) Walter Weierhoffer
(ADDRESS) 1302 Faraon Sts. St. Joseph, Mo.

20. FILED Jan. 9, 1939 H. Matlock
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from

see 14, 1938, to Jan 6, 1939I last saw her alive on Jan 6, 1939 Death is saidto have occurred on the date stated above, at 6:20P m.

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

Intestinal ObstructionDate of onset
Jan - 3-8

Other contributory causes of importance:

Cholecystitis Ch.
Heart Disease Art. Scler.

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence, fire) 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) L. W. Fusan, M. D.(Address) Kirkpatrick Bldg. St. Jos. Mo.

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, Yes

John C. Anderson

or by

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

Signed

John C. Anderson

Licensed Embalmer No. Mo. 4056

P. O. Address 1302 Faraon St. St. Jos

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.