

DEC'D MAY 10 1939

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

13261
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1791
(b) Township Primary Registration District No. 1003
(c) City St Louis or (d) Street No. Fresco Hosp. St. 3603
(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

(a) Residence, No. 656 John O. Farmer St. Pittsburg Kans (Usual place of abode, if no street address, write county or city) NR (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MR 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt: 61

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Crossing, Walcott
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) 4/18/39 11. Total time (years) spent in this occupation. 28 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

FATHER 13. NAME Albert Farmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Paulina Weahley

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

17. INFORMANT (ADDRESS) Patient John O. Farmer Pittsburg Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburgh Kan DATE 4-21-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. H. Hoppe, Inc 4700 Washington Mo.

20. FILED 19..... J. D. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-39

22. I HEREBY CERTIFY, That I attended deceased from 4/12/39, 19....., to 4/17/39, 19.....
I last saw him alive on 4/17/39, 19..... Death is said to have occurred on the date stated above, at 9:18 p.m.
The principal cause of death and related causes of importance were as follows:

Ruptured Atherosclerosis of heart
cause unknown
Date of onset 1250

Other contributory causes of importance: Chronic Myocarditis

Name of operation: Laparotomy Date of 4/17/39
What test confirmed diagnosis? Operation 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) Hugh Haines, M. D.
(Address) 4960 Tenth

APR 18 1939

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-1-38
1 X18625

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 *J. G. Sullivan*.....

Licensed Embalmer No. *1122*.....

P. O. Address.....

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.