

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

**35641**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Caldwell Registration District No. 98  
 (b) Township Kingston Primary Registration District No. 5144 Registered No. 10  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 630 Jesse Colmer Fart St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 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) Oct 31 1864  
 7. AGE YEARS 74 MONTHS 11 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. farmer  
 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) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Thomas Elbert Fart

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

MOTHER 15. MAIDEN NAME Mary Elizabeth McKind

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

17. INFORMANT (ADDRESS) Thos Fart

18. BURIAL, CREMATION, OR REMOVAL PLACE Keupston DATE Oct 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. P. Haughton  
Hamilton, Mo

20. FILED Oct 13<sup>th</sup> 1939 Mrs. Rob Hill  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1939, to Oct. 12, 1939  
 I last saw him alive on Nov. 10, 1939 Death is said to have occurred on the date stated above, at 11:00 A. m.

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

Heart degeneration Date of onset 1910  
Arterio-sclerosis 1910  
 Other contributory causes of importance: gout

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none 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 II

Nature of injury I

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. M. Salyer, M. D.  
 (Address) Hamilton, Mo.

N. 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I. X14023

RECEIVED

District Registrar

District Registrar

Prothonotary

No. 11

1139-1479

NOV 8 1939

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, \_\_\_\_\_

*L.R. Houghton*

\_\_\_\_\_, or by \_\_\_\_\_

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

Signed *L.R. Houghton*

Licensed Embalmer No. *3854*

P. O. Address *Hamilton, 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, above space should be left blank.