

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 562Primary Registration District No. 5757

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Miller
 (b) City or town Dixon, Mo. R#3
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
-
- (Specify whether _____)

In this community, _____
years, months or days

3. (a) PRINT FULL NAME
- WILLIAM MARION FARROW

8. (b) If veteran, _____ name war _____
-
8. (c) Social Security No. _____

4. Sex
- Male
5. Color or race
- white
6. (a) Single, widowed, married, divorced
- Married

6. (b) Name of husband or wife
- Naomi Farrow
6. (c) Age of husband or wife if alive
- 23
- years

7. Birth date of deceased
- Feb-15-1917
-
- (Month) (Day) (Year)

8. AGE: Years
- 27
- Months
- 4
- Days
- 18
- If less than one day _____ hr. _____ min.

9. Birthplace
- Arkansas
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Farmer

11. Industry or business _____

12. Name
- John W. Farrow

13. Birthplace
- Crawford Co., Mo., U
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Mattie Lawson

15. Birthplace
- Meris Co., Md.,
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- John W. Farrow

- (b) Address
- Dixon, Mo. R#3

17. (a)
- Buried
- (b) Date thereof
- 3-4-40
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Lawson Cem., Meta, Mo.

18. (a) Signature of funeral director
- C. H. Casey

- (b) Address
- Dixon, Mo.

19. (a)
- Apr. 6.
- (b)
- Mr. W. H. Krimp
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Mo.
- (b) County
- Miller
-
- (c) City or town
- Rural - Dixon, Mo. R.3
-
- (If outside city or town limits, write "RURAL")

- (d) Street No. _____
-
- (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 3
- day
- 2
-
- year
- 1940
- hour
- 10
- minute
- P
- M.

21. I hereby certify that I attended the deceased from
- 2-23
-
- _____, 19
- 40
- , to
- 3-2
- , 19
- 40
- ;

- that I last saw him alive on
- 2-29-
- , 19
- 40
- ;

- and that death occurred on the date and hour stated above.
-
- Immediate cause of death
- myocardial failure
- Duration _____

- Due to
- auricular fibrillation
- 5 days.

- Due to
- Rheumatic fever.

- Other conditions _____
-
- (Include pregnancy within 3 months of death)

- Major findings:
-
- Of operations _____

- Of autopsy _____

- 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 _____

23. Signature
- Wm. A. Gould
- (M.D. or other)
- DO.

- Address
- Dixon Mo.
- Date signed _____

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

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.

RECEIVED FOR DIVISION
SUM-8-17-39
APR 1 1940

Handwritten mark

RECEIVED

Miller County Health Dep't

County File Number 42-27

Date Filed 4-9-40

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.....

Licensed Embalmer No.....

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.