

FILED JUL 17 1940

Registration District No. _____ Primary Registration District No. 4926 Registrar's No. 5534

1. PLACE OF DEATH: ⁵⁸⁵
 (a) County Howell
 (b) City or town Mountain View Mo.
(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 Vada E. Farrar
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
 6. (a) Single Widowed married divorced
 6. (b) Name of husband or wife J. M. Farrar
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 8 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
 12. Name J. A. Belen
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Archie's
 15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) Burial (b) Date thereof July 15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place burial or cremation Pelgrove Mt

18. (a) Signature of funeral director John F. Moore
 (b) Address Mountain View Mo

19. (a) _____ (b) S. W. Minner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Howell
 (c) City or town Mountain View Mo
(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 July day 14
 year 1940 hour 11: minute a. M.

21. I hereby certify that I attended the deceased from Aug 16
 _____, 1940, to July 14, 1940
 that I last saw her alive on July 14, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lungs

Due to _____
 Due to 4-1

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

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

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?

343 _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____

28. Signature W. W. Coughlan (M. D. or other) 380
 Address Mo Date signed 7/16/40

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

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.