

FILED JUL 15 1940

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

1. PLACE OF DEATH

(a) County Demiseat
(b) City or town Carruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 E. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Edward Jonathan Farris

3. (b) If veteran, name war x 3. (c) Social Security None

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

6. (b) Name of husband or wife Ella Farris 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 1, 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Wald Island Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Isiah Farris

13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cooley

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bob Farris

(b) Address Carruthersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40
(Month) (Day) (Year)

(c) Place: burial or cremation Carruthersville, Mo.

18. (a) Signature of funeral director Le Sarge

(b) Address Carruthersville, Mo.

19. June 13, 1940 (Date received local registrar) (b) Ada Maters (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demiseat
(c) City or town Carruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. 311 E. 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1940 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 20
_____ 1940, to June 5 1940;

that I last saw him alive on 6/2/40 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 2 1/2

Due to Hypertension of heart (Benign)

Due to _____

Other conditions (include pregnancy within 3 months of death) 177

Major findings: Of operations None

Of autopsy Uremia

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? 585
While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature Al Butler (M. D. or other) 40

Address Carruthersville Mo Date signed 6/7/40

7-40-18

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. Johnson*

Licensed Embalmer No. *4086*

P. O. Address *Courtsville, M*

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.