

FILED AUG 21 1940

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Killed on Street
(d) Length of stay: In hospital or institution No
In this community Do not know

3. (a) PRINT FULL NAME Robert Farris 670

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Do not know

8. AGE: Years Abt 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Missouri

10. Usual occupation Laborer

11. Industry or business 9

12. Name Richard Farris

13. Birthplace Do not know

14. Maiden name Do not know

15. Birthplace Do not know

16. (a) Informant J. E. Farley (b) Address Sedalia Missouri

17. (a) Burial (b) Date thereof June 25/40

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin B ros

(b) Address Sedalia Missouri

19. (a) 6-25-40 (b) Mrs. Harry Sneed

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day June
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from As Coroner Case only, 19 _____
that I last saw the deceased As Coroner case only, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull

Due to Being run over by

Due to Automobile

Other conditions 2/17 m
(Include pregnancy within 3 months of death)

Major findings: 2/20
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 6-25-40

(c) Where did injury occur? Sedalia Pettis Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
906 Industrial place

While at work? no (Specify type of plant) Run over by truck
(a) Means of injury

23. Signature Jordan Stauffer (M. D. or other) 5/10

Address Sedalia, Mo Date signed 6-26-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 07-6-8

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 _____

working under my personal supervision.

Signed *F. E. Baker* Registered Apprentice No. _____
Licensed Embalmer No. 2419
P. O. Address Sedalia

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.