

No. 2  
1-13-40  
-17-39  
X23159

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1071

FILED NOV 12 1940

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)  
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(Parents At)  
(d) Street No. 1521 Sacramento Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9  
year 1940 hour 6 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Oct. 9 - 40  
1940 to Oct 9, 1940  
that I last saw her alive on 2 am Oct. 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MARY ELLEN FARNAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 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 Oct. 9 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
00 00 00 5 hr. 45 min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None infant

11. Industry or business \_\_\_\_\_

12. Name Thomas J. Farnan Jr.

13. Birthplace Conception Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Halsey

15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas J. Farnan Jr

(b) Address 1521 Sacramento St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 10, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director H. O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Oct. 10, 1940 (b) A. J. M. Stebbins  
(Date received local registrar) (Registrar's signature)

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?  
85 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. J. Charollins (M. D. or other) mo.  
Address Kennett Bluff Date signed 10/9/40

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

MOTHER FATHER

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**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 *Robert P. Clarkson*  
Licensed Embalmer No..... 4028  
P. O. Address St. Joseph, 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, fact should be so stated above.**