

No. 2
13-40
17-39
X23159

Registration District No. 449

Primary Registration District No. 4267

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH

(a) County Laclede

(b) City or town Lebanon
(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 George Edward Farrington

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Oct 15 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name George W Farrington

13. Birthplace Laclede Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Coris Lovett

15. Birthplace Laclede Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Geo W Farrington

(b) Address Lebanon Mo RR #4

17. (a) Burial (b) Date thereof 10/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland

18. (a) Signature of funeral director W.E. Helman

(b) Address Lebanon Mo

19. (a) 10-21-40 (b) JAM-Cowb
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1940 hour 10 minute 15 a M.

21. I hereby certify that I attended the deceased from 10-17 1940 to 10-18 1940
that I last saw him alive on 10-18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to _____

Due to _____

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? Yes

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

23. Signature JAM-Cowb (M. D. or other) _____

Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1021

Date Filed 11-13-40

NOV 22 1940

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.....

No Embalming

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.