

FILED JAN 21 1941
Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH: Jasper
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution Freedman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 hours
In this community 30 Years. (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Beulah Jeanette Farthing
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gresham W. Farthing 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 14, 1894
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 14 If less than one day hr. _____ min.

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

10. Usual occupation housewife 0

11. Industry or business Home 0

MOTHER FATHER { 12. Name Richard Gibbs 0

13. Birthplace Missouri (State or foreign country)

14. Maiden name Lena Shockley (State or foreign country)

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

16. (a) Informant Gresham W. Farthing

(b) Address 2019 Connor, Joplin Mo;

17. (a) BURIAL (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 12-28-40 (b) Ed D. Jones
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")
(d) Street No. 2019 Connor Ave;
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 25 day 1940.
year _____ hour 7-25 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____;
that I last saw him did not see him alive alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
accident
Due to also 3 broken ribs
Due to right side

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

Major findings:
Of operations _____
Of autopsy ✓

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) accident

(b) Date of occurrence Dec 25, 1940

(c) Where did injury occur: Highway Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
392 Public Highway
(Specify type of place)

(e) Means of injury Auto Accident
While at work

23. Signature A. M. Schuster (M. D. or other) Coroner

Address Carthage Date signed Dec 26, 1940

41-1-69

21DM
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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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.....

Signed *Sam B. Sinsinger*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42860

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Saplin
(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

Bertha Jeanette Farthing

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 m

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 11 If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Dec day 25 year 1949 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull, head in auto accident, also 3 broken ribs in rt side

Due to: Being struck from behind by another automobile while driving recklessly

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations 210 m 22
Of autopsy

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) all
(b) Date of occurrence Dec 25 - 1949
(c) Where did injury occur? Highway Jasper, Mo (City or town) (County) (State)
(d) Did injury occur (a) at home (b) on farm, in industrial place, in public place? Public square #66 (Specify type of place)

While at work (a) Means of injury
23. Signature P.A. Webster (M. D. or other) Coroner
Address Carthage Mo Date signed Feb 3, 51

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

SUPPLEMENTAL COPY

S-42860