

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2429

Registration District No. 266

Primary Registration District No. 5370

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural Springcreek Twp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent ³³
(c) City or town Rural - Springcreek
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 1, Salem, Mo.
(If rural, give location) ⁰
(e) If foreign born, how long in U. S. A. ? _____ years

8. (a) PRINT FULL NAME Lizzie Vie Farmer

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

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

6. (b) Name of husband or wife John Edward Farmer 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased February 29 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 23 hr. _____ min.

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

10. Usual occupation At Home
11. Industry or business _____

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

16. (a) Informant Margaret Farmer
(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 1/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Grove Cem.

18. (a) Signature of funeral director Chas. J. Spencer
(b) Address Salem, Missouri

19. (a) Jan 26 1941 (b) A. E. Smith, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1941 hour 12:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 1
1940, to Jan 16, 1941;
that I last saw her alive on Jan 14, 1941;
and that death occurred on the date and as reported above.

Immediate cause of death Pneumonia
Labor P & L ^{60 days}

Due to _____
Due to Influenza ^{6 weeks}
Other conditions 37 W
(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) _____
(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? 240

(Specify type of place) _____
While at work) (e) Means of injury _____
23. Signature J. H. Hill (M. D. or other) D
Address Salem MO Date signed 1-25-41

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

RECEIVED

District Health Officer No. 5,

District File Number. 241271

Date Filed _____

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, ~~embly~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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, above space should be left blank.