

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

Registration District No. 562

Primary Registration District No. 4331

Registrar's No. _____

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

1. PLACE OF DEATH: Miller
 (a) County Iberia, Mo
 (b) City or town _____
 (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 Life _____ years, months or days

3. (a) PRINT FULL NAME CHARLES WHITEHEAD FARNHAM

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

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

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

7. Birth date of deceased Dec. 29 - 1858 (Month) (Day) (Year)

8. AGE: Years <u>82</u>	Months _____	Days <u>17</u>	If less than one day hr. _____ min. _____
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9. Birthplace Williamsport, Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant & Farmer

11. Industry or business _____

12. Name David Farnham

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

14. Maiden name Hennetta Gable

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

16. (a) Informant Halves Farnham

(b) Address Iberia, Mo

17. (a) Burial (b) Date thereof Jan. 16-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia

18. (a) Signature of funeral director Ch. Casey

(b) Address Iberia, Mo

19. (a) Feb. 4 '41 (b) Mrs. W. A. New Group (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Miller
 (c) City or town Iberia, Mo
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1941 hour 11 minute a M.

21. I hereby certify that I attended the deceased from August 2nd 1939, 1939, to Jan 14, 1941; that I last saw him alive on Jan 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 4 days

Due to Chronic endocarditis
arteriosclerosis

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? Y

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

23. Signature Wm. A. Gould (M., D., or other) Do
 Address Iberia Mo Date signed 1/24/41

RECEIVED
Miller County Health Dept.
County File Number 41-19
Date Filed 2/13/41

Gould

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 Ch. Casey
Licensed Embalmer No. 2694
P. O. Address Irma, Mo

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.