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7-39
X23159

FILED FEB 14 1941

Registration District No. **701**

Primary Registration District No. **61422**

1. PLACE OF DEATH:

(a) County **Falk**

(b) City or town **Balmar**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **1217 West Broadway 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **One year** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John H. Farmer**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **None**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Eliza J. Farmer**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **July 28 1860**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| 80 | 5 | 25 | hr. min. |

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **John Farmer**

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

14. Maiden name **unknown**

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

16. (a) Informant **Harry Farmer**

(b) Address **Balmar, Mo.**

17. (a) **burial** (b) Date thereof **Jan 21, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Falk Mo**

18. (a) Signature of funeral director **White and Corbin**

(b) Address **Balmar**

19. (a) **1/20** (b) **H. F. Robel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Falk 84**

(c) City or town **Balmar, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **1217 West Broadway**
(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 **20**
year **1941** hour **1** minute **2** M.

21. I hereby certify that I attended the deceased from **Jan 15**
19**41**, to **Jan 20** 19**41**;
that I last saw him alive on **Jan 19** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Due to **Influenza**

Due to **Influenza**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration **1 wk**

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?

630
While at work? (Specify type of place) (e) Means of injury

23. Signature **Doyle McCrean** (M. D. or other) **D**
Address **Balmar Mo** Date signed **1-21-41**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 2-41-349

Date Filed 2-13-41

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.....

Frank Grable Jr.

Licensed Embalmer No.....

4140

P. O. Address.....

Bolivar, 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.