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23159

11607

APR 9 1941

Registration District No. 1.62 Primary Registration District No. 5-879 State File No. Registrar's No.

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Menfro Boise Brul  
(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 69-11-27 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County perry  
(c) City or town Menfro 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. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Regine Farrar

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Robert P. Farrar 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 17 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 27 hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name August Lorenz

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

14. Maiden name Justine Franke

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

16. (a) Informant Emmanuel Lorenz  
(b) Address Farrar mo.

17. (a) Burial (b) Date thereof March 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perry Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1941 hour 6 minute 30

21. I hereby certify that I attended the deceased from Feb 20 to Mar 14 1941  
that I last saw h. alive on Feb 13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to Blue  
Due to old age  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy: x x x

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?

23. Signature W. Obermayer (Specify type of place) \_\_\_\_\_  
White at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
Address Menfro Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 *Edward C. Young*

Licensed Embalmer No. 2138

P. O. Address Rensselaer 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.**