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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15972

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 72

97
8

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

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Rural
(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 years, months or days)
In this community 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall Rural
(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. 0

3. (a) PRINT FULL NAME James Perry Farmer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulal S Farmer
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Aug (Month) 29 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	7	____ hr. ____ min.

9. Birthplace Saline Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
12. Name (Father) James T. Farmer
13. Birthplace (Father) Mo (City, town, or county) 0 (State or foreign country)
14. Maiden name (Mother) Maudlane Morris
15. Birthplace (Mother) Eldon (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Mrs Louis Weber
(b) Address Marshall Mo RF#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Riley Park Cem
18. (a) Signature of funeral director Campbell Funeral
(b) Address Marshall Mo
19. (a) 4-7-1941 (Date received local registrar) (b) Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day April year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 24, 1941, to April 6 1941; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Ca. Hepatoma — Duration 2 yrs
Due to: Cirrhosis — Duration 2 years
Due to: ____
Other conditions: Chr. Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

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 None
(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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Roy McLeod (M. D. or other)
Address Marshall Date signed 4-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-19-41

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 Jas. N. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.