

S. No. 2
1-11-10-39
v. 3-17-39
I X21492

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS
FILLED NOV 19 1941

STANDARD CERTIFICATE OF DEATH

State File No. 34473
Registrar's No. 28

Registration District No. 96

Primary Registration District No. 4058

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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community None years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME James William 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 Ada Farmer 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 18, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 13 hr. min.

9. Birthplace Albia, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. Farmer
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Miller
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Farmer
(b) Address Des Moines Iowa.

17. (a) Burial (b) Date thereof Oct. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hamilton

18. (a) Signature of funeral director Brown & Sons
(b) Address Hamilton Mo

19. (a) Oct 23 1941 (b) Marle Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1941 hour 4:45 minute A.M.

21. I hereby certify that I attended the deceased from April 14
1941 to Oct 21, 1941;
that I last saw him alive on Oct 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 wks
Due to Generalized Arterio Sclerosis ?
Due to _____
Other conditions Pneumonia, Hypertrophy, Cholelithiasis ?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations § 30
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? MO.
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Hubert R. Booth (M. D. or other) M.D.
Address Hamilton Mo Date signed 10/23/41

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

P. J. A. Brown

Licensed Embalmer No. *3052*

P. O. Address

Hamilton 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.