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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 22 1942

Registration District No. 3 0 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 42433

Registrar's No. 164

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

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: Chillicothe U.A.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: —
In this community: 75 yrs. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston

(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No.: 203 - 11th Street
(If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: John Jasper Farner

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: Alice Farner

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: July (Month) 4 (Day) 1866 (Year)

8. AGE: Years 75 Months 5 Days 15 If less than one day: — hr. — min.

9. Birthplace: Utica (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Farmer (Real)

11. Industry or business: —

FATHER
12. Name: Jabez Farner
13. Birthplace: Alsace-Lorraine France (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Drecker
15. Birthplace: Livingston Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: May Farner Schmitt
(b) Address: Brunswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Utica, Mo.

18. (a) Signature of funeral director: James D. Gordon
(b) Address: Chillicothe Mo.

19. (a) Dec 20 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 14 1941 to Dec. 19 1941 that I last saw him alive on Dec. 19 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension Also medical examiner Friday	3 days
Due to: Interstitial nephritis	
Due to:	
Other conditions: (Include pregnancy within 3 months of death) 97	
Major findings: Of operations:	
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:
(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: T. W. Grace (M. D.)
Address: Chillicothe Mo. Date signed: 12-20-41

(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe, Mo.

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

If this body is not embalmed, fact should be so stated above.