

Registration District No. 600

Primary Registration District No. 0872

1. PLACE OF DEATH:  
 (a) County Pemiscot  
 (b) City or town Steele, (Rural) Virginia, Mo.  
(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 \_\_\_\_\_)  
 In this community 8 Yrs  
years, months or days

3. (a) PRINT FULL NAME Mary Farris  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 13 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iuka, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business None

12. Name Richard Floyd

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

14. Maiden name Mary Farris

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

16. (a) Informant Luther Farris

(b) Address Quin, Mo.

17. (a) Burial (b) Date thereof 12. 11. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director German Untd Co.  
Steele, Mo.

(b) Address \_\_\_\_\_  
 19. (a) 1-2-82 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town Steele. (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
 year 1941 hour 2 minute 30AP M.

21. I hereby certify that I attended the deceased from DEC. 1, 1941 to DEC. 4, 1941;  
 that I last saw h<sup>e</sup>r alive on DEC. 4, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIC POISONING  
 Due to CHRONIC INTERSTITIAL NEPHRITIS

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 13/a  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address [Address] Date signed 12-19-41

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

800

207

1-42-10

**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 <sup>not</sup>.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed William C. Shelton.....

Licensed Embalmer No. 3929.....

P. O. Address Steele, 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.**