S. No. 2
1—1-4-41
7. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 3136

Registrar's No. 28

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: ~~[illegible]~~ Dresden, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Sarah 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: Wid.

6. (b) Name of husband or wife: Thomas Farris

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

7. Birth date of deceased: Jan. (Month) 22 (Day) 1856 (Year)

8. AGE: Years 85 Months 11 Days 26 If less than one day hr. min.

9. Birthplace: Kingsthorp (City, town, or county) England (State or foreign country)

10. Usual occupation: At Home

11. Industry or business

FATHER

12. Name: Spencer Tuckley

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

MOTHER

14. Maiden name: Mary Howard

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

16. (a) Informant: Will Farris

(b) Address: Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 19/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Prairie Chapel, Pettis Co.

18. (a) Signature of funeral director: Gillespie Funeral Home

(b) Address: Sedalia, Mo.

19. (a) Jan 19/42 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1942 hour minute 1.50 A. M.

21. I hereby certify that I attended the deceased from May 2nd, 1942 to Jan 18, 1942 that I last saw her alive on Jan 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	?
Due to: Senility	?
Due to: Arterio-Sclerosis	?
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: none	
Of autopsy: no	

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): no

(b) Date of occurrence: no.

(c) Where did injury occur? none. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? — (Specify type of place) (e) Means of injury —

23. Signature: Jno B. Carlile M.D. (M. D. or other)

Address: Sedalia Mo. Date signed 1-19-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
... Health Officer No. 8,
... Number .....
... Filed 2-10-42

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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.