DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 206

State File No. 10013

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rural Empire
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 54 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 002

(c) City or town 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME FLORA ELIZABETH FARROW

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nimrod Farrow

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

7. Birth date of deceased Mar. 10, 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months ? Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Yadkinville (City, town, or county) N.C. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name William Reece
13. Birthplace _____ (City, town, or county) N.C. (State or foreign country)

MOTHER
14. Maiden name Sarah A. Parks
15. Birthplace _____ (City, town, or county) N.C. (State or foreign country)

16. (a) Informant Mrs. Earl B. Harris
(b) Address Union Star Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Union Star

18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo.

19. (a) 3-14-42 (Date received local registrar) (b) F. F. Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 13 year 1942 hour 8 minute 8 M.

21. I, hereby certify that I attended the deceased from Mch 11 1942 to Mch 16 1942 that I last saw him alive on Mch 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Exhaustion	
Due to Nervous Disease	
unable to determine	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 87 & 3	
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) _____
(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 0

23. Signature E M Reynolds (M. D. or other)
Address Union Star Mo. Date signed 3-14-42

1072

(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.....Lucile M. Wilson.....

Licensed Embalmer No....2830.....

P. O. Address....King City, Mo

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

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

U. S. No. 2B
0M—8-21-41
I 329288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10013

Registration District No. 2 Primary Registration District No. 206 Registrar's No. 19

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

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: 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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew
(c) City or town: Rural - Empire Twp
(If outside city or town limits, write "RURAL")
(d) Street No. R. 7 D. Union Star
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Flora E. Farrow
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 10 (Day) 1866 (Year)
8. AGE: Years 77 Months — Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 3-14-42 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 13 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) 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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY