

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1942

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
808 W. Maple 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 808 W. Maple
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Joseph Albert Farrow

3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1942 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 7 1942, to Dec 20 1942; that I last saw him alive on Dec 20 1942; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Katherine B. Farrow 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb 3, 1883 (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 15 min
Due to Cardio-vascular-renal disease-hypertension 2 yr.
Due to arteriosclerosis

8. AGE: Years 60 Months 8 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Stone mason

11. Industry or business _____

12. Name James B. Farrow

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

14. Maiden name Viola Fitt

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

16. (a) Informant Katherine B. Farrow

(b) Address 808 W. Maple

17. (a) burial (b) Date thereof 10/27/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C. Dawson

(b) Address Independence, Mo

19. (a) 10-22-42 (b) James Farrow (Date received local registrar) (Registrar's signature)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 3/0
Of operations _____
Of autopsy _____

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 B. H. Allen (M. D. or other) MD
Address Independence Date signed 10-21-42

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

48
4
4

#

MAR 8 1918

Permit 322

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..... *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address *Independence, 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.