S. No. 2
I—9-4-41
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14302

State File No.

FILED MAY 10 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 342

39 2 6

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield, ~~Mo.~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One Week (Specify whether years, months or days)
In this community: Twelve years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No.: 491 S.Nettleton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Susan Ida Farr

3. (b) If veteran, name war: None

3. (c) Social Security No.: No

4. Sex: F M

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: J.B.Farr

6. (c) Age of husband or wife if alive: 86 years

7. Birth date of deceased: November (Month) 25 (Day) 1864 (Year)

8. AGE: Years 78 Months 5 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace: Clinton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife.

11. Industry or business:

MOTHER FATHER

12. Name: Isaac Quick

13. Birthplace: Unknown (City, town, or county) New York. (State or foreign country)

14. Maiden name: (Unknown) Peelor

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

16. (a) Informant: J.B.Farr
(b) Address: 491 S.Nettleton, Springfield,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 2,1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: Springfield, Mo.

19. (a) 5-1-43 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1943 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3,3,42, 19..., to 4,30,43, 19...; that I last saw her alive on 4,26,43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer-Uterine — Duration: More than one year

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)
(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: J. Dominick M.D. (M. D. or other)
Address: Springfield, Mo. Date signed: 4,30,43

984 (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 T. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.