

FILED AUG 28 1943

Registration District No. 288

Primary Registration District No. 6148

Registrar's No.

1. PLACE OF DEATH:

(a) County STODDARD
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 MILES NORTH OF BLOOMFIELD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STODDARD
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MILES NORTH OF BLOOMFIELD
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS JEFFERSON FARMER

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SAHARA FARMER 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MAY 30 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 21 hr. min.

9. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING

12. Name FRANCIS FARMER

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

14. Maiden name MARTHA

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

16. (a) Informant ALVIN FARMER

(b) Address CARTHERSVILLE, MO. BOX 608

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

(c) Place: burial or cremation PLEASEANT HILL

18. (a) Signature of funeral director DAY FUNERAL HOME

(b) Address MALDEN, MO.

19. (a) July 22 1943 Pearl E. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 27 1943 to July 26 1943
and that I last saw him alive on July 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart lesion
without registration

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 R

Major findings: 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? _____

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

23. Signature Pearl E. Moore (M. D.) _____
Address Malden, Mo. Date signed 7/22/43

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

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1158

RECEIVED

District Health Office No. 2,

District File Number 842-985

Date Filed 8-9-42

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 J. D. Schuman.....

Licensed Embalmer No. 4086.....

P. O. Address Malden, 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.