

No. 2  
-5-42  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35884**

X32873

FILED NOV 12 1943

Registration District No. **6093**

Registrar's No. **206**

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: County Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community whole life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Sweet Springs mo 5  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Saline 0

3. (a) PRINT FULL NAME ROBERT EMMETT FARRELL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28  
year 1943 hour 11 minute P M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Winnie Farrell

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 18 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 1943, to Oct 28 1943, that I last saw him alive on Oct 16 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 11 20 - hr. - min.

Immediate cause of death Carcinoma Stomach

9. Birthplace Sweet Springs Rural Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 46 lb

10. Usual occupation Farmer Retired

11. Industry or business General Farm Work

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Thomas Farrell

13. Birthplace Saline Co Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mont Know

15. Birthplace Saline Co Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Geo C Farrell

(b) Address Sweet Springs mo

17. (a) RURAL (b) Date thereof Oct-30-1943  
(If by removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs

18. (a) Signature of funeral director Gene Hahny

(b) Address Sweet Springs mo

19. (a) Oct 29 1943 (b) Mo T. Olweathbrook  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Marshallburg mo Date signed 10/29/43

1211 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-10-43

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 Jesse Hawley

Licensed Embalmer No. 2214

P. O. Address Sweet Springs md

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.