

FILED MAR 12 1945
Registration District No. **276**

Primary Registration District No. **3059**

Registrar's No. **326**

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Leadwood **94**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? no (Yes or No) **0**
If yes, name country. _____ **0**

3. (a) PRINT FULL NAME Baby FARRELL

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

4. Sex M **0** 5. Color or race W

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

7. Birth date of deceased February 17 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. 15 min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Granyille Farrell

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edith (Gouche)

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

16. (a) Informant Granyille Farrell

(b) Address Leadwood Missouri

17. (a) Burial (b) Date thereof Feb - 19 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadwood Missouri

18. (a) Signature of funeral director J. S. Engel + Son

(b) Address Leadwood Missouri

19. (a) 2-23-45 (b) Robins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1945 hour 9:00 minute AM

21. I hereby certify that I attended the deceased from Feb 17 1945 to Feb 18 1945
that I last saw him alive on Feb 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to Cause not known

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 169

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 MD

23. Signature John W. Hunt (M. D. or other) MD
Address Leadwood Date signed 2-18-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1421

1373

RECEIVED

District Health Officer No. 4

Subject File Number 345-379

Date Filed 3-9-45

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.....

was not embalmed.

....., Registered Apprentice No.

working under my personal supervision.

Signed *Bert L. Boyer*

Licensed Embalmer No. *3443*

P. O. Address *Ludwood 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.