

FILED MAR 22 1945

Registration District No. 232

Primary Registration District No. 4347

Registrar's No. 4

70000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Monts

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

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

(d) Length of stay: In hospital or institution 8 1/2 (Specify whether years, months or days)

In this community 8 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monts

(c) City or town Middletown
(If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

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

3. (a) PRINT FULL NAME Peey A Farmer

3. (b) If veteran, name war No

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20th
year 1945 hour 5 minute 50 A.M.

4. Sex M 5' Color or race W.

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

6. (c) Age of husband or wife if alive 22 years 24 1860 (Day) (Year)

7. Birth date of deceased Oct (Month)

21. I hereby certify that I attended the deceased from Mar 10th 1945 to Mar 20th 1945 that I last saw her alive on Mar 1st 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cerebral Thrombosis

8. AGE: Years 84 Months 7 Days 26 If less than one day hr. min.

Due to —

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

9. Birthplace Middletown Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

12. Name Shelton B Farthing

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

14. Maiden name Jessie A Glen

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

16. (a) Informant Jessie Farmer Pearson

(b) Address 2nd Farmam, Omaha, Neb

17. (a) Burial (b) Date thereof 3-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Mo

18. (a) Signature of funeral director Paulley-Luhme

(b) Address Middletown Mo

19. (a) Mar 20th (Date received local registrar) (b) ma chaw may (Registrar's signature)

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? —

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

23. Signature A. Hensch (M. D. or other) —

Address Middletown Mo Date signed 3/20/45

1382

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-21-45

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.