

S. No. 2  
OM-5-43  
Rev. 5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23871  
Registrar's No. 73

**FILED** JULY 24 1945

Registration District No. \_\_\_\_\_ Primary Registration District No. 3019

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

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Presnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community Life time  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin  
(c) City or town Kennett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 No. Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Madie Price Farabough  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 17 year 1945 hour 6:30 minute A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ballard Farabough  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Jan. 23 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15, 1945 to July 17, 1945  
that I last saw h. er alive on July 17, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 5 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Uremia  
Due to Chronic nephritis  
Due to \_\_\_\_\_  
Other conditions Heart block  
(Include pregnancy within 3 months of death)

9. Birthplace Pevely Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation housewife

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business home  
12. Name Cooper Little  
13. Birthplace Yukon Yukon  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Little  
15. Birthplace Yukon Yukon  
(City, town, or county) (State or foreign country)

16. (a) Informant Allan Price  
(b) Address Kennett, Mo.  
17. (a) Burial (b) Date thereof 7-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Oak Ridge Cemetery  
18. (a) Signature of funeral director Paul Sahner  
(b) Address Kennett, Mo.  
19. (a) 7-21-45 (b) Julius Blankenship  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
Signature J. C. Wilson (M. D. or other) \_\_\_\_\_  
Address Kennett, Mo. Date signed 7-17-45

RECEIVED

District Health Office No

District File Number 745-9

Date Filed 7-23-

AUG 9 1945

APR 30 1952

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 R. Salmon.....

Licensed Embalmer No. 2556-.....

P. O. Address Keeneth, 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.