

Registration District No. 4186 13 1945

Primary Registration District No. 4186

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

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town SULLIVAN
(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 _____
(Specify whether years, months or days)

In this community 16 Months.

3. (a) PRINT FULL NAME LUCY ELLEN FARROW

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Albert Farrow

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 17, 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Franklin Co. Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Hiram Whitmore

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

14. Maiden name Sallie Hulsey

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

16. (a) Informant Albert Farrow

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof 8/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Walter Stoffer

(b) Address Sullivan, Missouri.

19. (a) 8-6-45 (b) Walter Stoffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-12
1945 to 8-4 1945
that I last saw her alive on _____ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Ch. Myocarditis 6
an. cu. Myocarditis most

Duration _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations 12/13

Of autopsy _____

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 Walter Stoffer (M. D. or other) _____

Address St. Clair, Missouri. Date signed 8/4/45

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-12-45

FEB 7 1943

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 Edgar W. Luffow

Licensed Embalmer No. 3394

P. O. Address Sullivan 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, above space should be left blank.