

FILED SEP 5 1945

State File No. _____

X37823

Registration District No. 337Primary Registration District No. 4497Registrar's No. 62

1. PLACE OF DEATH:

(a) County Shelby
 (b) City or town Clarence Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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) 25 Years
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMEOwen Farrell3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Male () 5. Color or race White
 6. (a) Single, widowed, married,
divorced Married
 6. (b) Name of husband or wife Clara Helen Farrell
 6. (c) Age of husband or wife if
alive 40 years
 7. Birth date of deceased Nov 23rd 1875
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>09</u>	<u>14</u>	hr. _____ min.

9. Birthplace Shelby Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farming11. Industry or business " "

MOTHER FATHER
 12. Name Clabe Farrell
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Heathman
 15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Farrell(b) Address Clarence Mo17. (a) Burial (b) Date thereof 8/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or ~~cremation~~ Clarence18. (a) Signature of funeral director Million & Barkelew(b) Address Clarence Mo19. (a) Aug 30 45 (b) W. H. G. Gough
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
 (c) City or town Clarence Rural 6
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1945 hour 2 minute 30 P. M.21. I hereby certify that I attended the deceased from October 20
1943 to aug 7, 1945.that I last saw him alive on aug 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of the lungs 2 weeks
(when first discovered)
Chronic Pulmonary Congestion 10 yearsDue to 2Other conditions Back injured 6 months
(Include pregnancy within 3 months of death)Major findings:
Of operations 47A

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Dr. B. H. Edrington, Jr. D.O.
Address Clarence, Mo Date signed aug 9 1945

RECEIVED

District Health Officer No. 10

District File Number 9-45-1365

Date Filed

SEP 5 1945

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

Harry A. Barkelaw

Licensed Embalmer No.

3835

P. O. Address

Shelburne 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.