S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42724

Registration District No. 35-8 Primary Registration District No. 6214 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Clear Creek Twp.
(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 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

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

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

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

3. (a) PRINT FULL NAME MORRIS FARR

3. (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 Flora E Farr.

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July (Month) 6 (Day) 1869 (Year)

8. AGE: Years 86 Months 4 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Mahaska Co (City, town, or county) Iowa. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name George W Farr.
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Morris
15. Birthplace D (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Flora Farr
(b) Address Dedrick Mo

17. (a) Woodward Okla (Burial, cremation, or removal) (b) Date thereof Dec 4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Woodward Okla

18. (a) Signature of funeral director Mafus Funeral Home
(b) Address El Dorado Sprs Mo

19. (a) Dec 7-45 (Date received by local registrar) (b) Mrs Sarah E Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1945 hour 4.05 minute ____ P.M.

21. I hereby certify that I attended the deceased from Oct 10 1945, to Dec 2 1945, that I last saw him alive on Nov 15 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block — Duration

Due to arterio sclerosis

Due to ____

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

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

23. Signature L. J. Dungiway (M. D. or other)
Address El Dorado Sprs Mo Date signed 12/3/45

1778 (Licensed Embalmer's Statement on Reverse Side)

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

12-45-1255

Date Filed 1-3-46

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 George W. Mafes

Licensed Embalmer No. 2752

P. O. Address El Paso Tex

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.