

FILED NOV 26 1946  
Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 387

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Southeast Mo. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)  
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Cape Girardeau R.F.D. # 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Donald E. Farrow

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 10th 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lawrence Farrow

13. Birthplace Cape Girardeau Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Esther Lang

15. Birthplace Egypt Mills, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lawrence Farrow

(b) Address Cape Girardeau, R.F.D. # 1

17. (a) Burial (b) Date thereof 10-12-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLains Chapel Cemetery

18. (a) Signature of funeral director L. L. Haran

(b) Address Cape Girardeau, Missouri

19. (a) 11-20-1946 (b) E. G. Summers  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th  
year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 10  
1946 to Nov 12 1946  
that I last saw him alive on Nov 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pontorial hemorrhage Duration 78 hrs

Due to ?

Due to \_\_\_\_\_

Other conditions One month premature  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 160A

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 plane)  
While at work? \_\_\_\_\_ (e) Means of injury ?

23. Signature T. E. Ruff (M. D. or other) MD

Address Jack ... Date signed 11/18/46

RECEIVED

District Health Officer No. 4  
District File Number 1146-2896  
Date Filed 11-25-46

---

---

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**