

FILED DEC 11 1946  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 927A

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days) 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39  
(c) City or town Willard  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stella Alsop Farmer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Samuel A. Farmer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 31 1875  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Fair Grove Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 1

MOTHER FATHER

12. Name Audrey J. Alsop  
13. Birthplace Fair Grove, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Pernice East  
15. Birthplace Fair Grove Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Farmer

(b) Address Willard, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof Nov. 20, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley's Cemetery

18. (a) Signature of funeral director Wesley's Funeral Home

(b) Address Willard, Missouri

19. (a) 12-3-46 (b) M. Handley Mo.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1946 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 2, 1946 to Nov. 11, 1946  
that I last saw her alive on Nov. 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
atypical pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

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

Duration

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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. J. Handley (M. D. or other) MD  
Address Willard, Mo. Date signed 11-18-46

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

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**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 Mrs E W. Greenwade.....

Licensed Embalmer No. 2095.....

P. O. Address Willard, 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.**