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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41417
Registrar's No. 65

Registration District No. 227

Primary Registration District No. 5804

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town RURAL - JACKSON TWP.
(c) Name of hospital or institution:
3 MI. N.W. OF PARIS, MO.
(d) Length of stay: In hospital or institution _____
In this community 11 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(d) Street No. COOPER AVE
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINTY FULL NAME WILLIAM EDWARD FARRELL
3. (b) If veteran, name war W. W. I
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC. day 30TH
year 1946, hour _____ minute 8, A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. ✓ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife JENNIE FARRELL
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN. 19, 1891
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Duration _____

8. AGE: Years 55 Months 11 Days 11
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER, FATHER

9. Birthplace STANBERRY Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation FARM MANAGER
11. Industry or business _____
12. Name JAMES E. FARRELL
13. Birthplace WOODLAWN Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name MARY LOUISE VERTHOLF
15. Birthplace SMITHTON Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant GERTRUDE FARRELL
(b) Address BLOOMINGTON, ILL.
17. (a) REMOVAL (b) Date thereof JAN. 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BLOOMINGTON, ILL.
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MISSOURI
19. (a) 12-31-46 (b) Elbert Baker MD
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Russell W. Wilson coroner
Address Monticello City Mo Date signed 1/30/46

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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 30 1947

RECEIVED
District Health Officer No. 10
District File Number 1-41-42
Date Filed JAN - 7 1947

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 W. B. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Missouri.

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.