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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947
Registration District No. 301

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5858
Registrar's No. 2188

Primary Registration District No. 6032

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Rural (Doniphan Township)
(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. 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley 91
(c) City or town Rural (Doniphan Township) 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi. se. of Doniphan)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Logan Farris, Jr.
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 widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 26 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 2 4 hr. min.

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Logan Farris, Jr.
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Farris
(b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 2-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Siloam - Middlebrook, Ark.

18. (a) Signature of funeral director Black-Edwards
(b) Address Doniphan, Mo.
19. (a) 2-14-47 (b) W. H. Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1947 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from JAN. 30, 1947, to JAN. 30, 1947.
That I last saw him alive on JANUARY 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 2
secondary to
Chronic Nephritis

Duration 48 Hrs

Due to _____
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?

While at work? _____ (Specify type of place)
(c) Year of injury 2
23. Signature W. Omar Hickey 80
Address Doniphan, Mo. Date signed Jan 30

271 (Licensed Embalmer's Statement on Reverse Side)

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 *L. Felician Adamson*

Licensed Embalmer No. 4351

P. O. Address Doniphan, 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.