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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17397

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1995

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HARROW TAYLOR BUTTER COMPANY BUILDING 612 Broadway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether

In this community 19 YEARS 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2516 Harrison (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country ------

3. (a) PRINT FULL NAME CARL - FARMER

3. (b) If veteran, name war No

3. (c) Social Security No. 500-14-2680

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife MRS MARGARET MAY FARMER

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased FEBRUARY (Month) 19 (Day) 1911 (Year)

8. AGE: Years 36 Months 2 Days ~~11~~ 13 If less than one day ___ hr. ___ min.

9. Birthplace POMONA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation EMPLOYEE C.C. COVERLEY PAINTING Co

11. Industry or business Painting

FATHER
12. Name JAMES HENRY FARMER
13. Birthplace POMONA (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name EMMA F. COWAN
15. Birthplace MIDDLETON (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS MARGARET MAY FARMER

(b) Address 2516 HARRISON ST., K.C., MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY 5 1947 (Month) (Day) (Year)

(c) Place: burial or cremation [illegible] MISSOURI

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 5-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2ND year 1947 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull & neck

Due to Fall

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 186 a 38

Of autopsy yes as above

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) accident 123

(b) Date of occurrence 5-2-47

(c) Where did injury occur? KC (City or town) Jackson (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? yes (e) Means of injury Fall

23. Signature [illegible] (M. D. or other) [illegible] 3

Address 1924 [illegible] Date signed 5-3-47

(Licensed Embalmer's Statement on Reverse Side)

VS JUN 2 1960

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 P. G. Theisen

Licensed Embalmer No. 2361

P. O. Address 2512 Holmes St

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.