

U.S. No. 2
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17729
 Registrar's No. 16

FILED JUN 9 1947

Registration District No. 154 Primary Registration District No. 5575

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town rural Washington
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
101st & Holmes
(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 Jackson
 (c) City or town rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 101st & Holmes
(If rural, give location)
 (e) Citizen of foreign country? no
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Noah Albert Farmer
 3. (b) If veteran, name war no
 3. (c) Social Security No. 493-16-2433

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Jessie Vera Harris
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased August 27 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	8	13	hr. min.

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

10. Usual occupation Painter
Painting

11. Industry or business _____
 12. Name not known
 13. Birthplace _____
 14. Maiden name Margaret Farmer
 15. Birthplace not known

16. (a) Informant Mrs. Wilma Fisher
 (b) Address 1313 Penn

17. (a) burial (b) Date there 5/13/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cmtry. Bolivar Mo.
 18. (a) Signature of funeral director Bentley Mortuary
 (b) Address 5811 Troost

19. (a) May 27-47 (b) Dr. Annie E. Hodges
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 10
 year 1947 hour 12:30 minute P M.
 21. I hereby certify that I attended the deceased from home, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to _____
 Due to _____
 Other conditions 1936
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy yes as above

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Do not know if?
 (b) Date of occurrence 5-10-47
 (c) Where did injury occur? Jackson Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
(Specify type of place)
 While at work? no (e) Means of injury Drowning
 23. Signature Jimmie Walker (M. D. or other) Physician
 Address 1824 1/2 J St Date signed 5-11-47

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 Guy Briffington
Licensed Embalmer No. 2756
P. O. Address K C 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.