

FILED JUN 2 1947

State File No. ....

Registration District No. 377

Primary Registration District No. 4541

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Sadland  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mary Melvina Farr

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 Farr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) Day Year 20 1857

8. AGE: Years 90 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Tenn! (City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Reese

(b) Address Sadland

17. (a) Burial (b) Date thereof April 28-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sadland Ceme

18. (a) Signature of funeral director Kelly Berrell Bergman

(b) Address Sadland Mo

19. (a) 5-12-47 (b) Lester W. Good (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster 1/2  
(c) City or town Sadland 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1947 hour 4 minute 20 a.m.

21. I hereby certify that I attended the deceased from January 1947 to April 28, 1947 that I last saw her alive on April 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Debility

Due to: Chronic Myocarditis

Due to: Hypertension, Arterio-sclerosis

Other conditions: None (Includes pregnancy within 3 months of death)

Major findings: No operations

Of autopsy: No autopsy

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? \_\_\_\_\_

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

23. Signature G.R. Schultz (M. D. or other) Date signed 5/14/47 Address Sadland, Mo

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 547-546

Date Filed MAY 21 1947

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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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.