. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

23867
State File No.

FILED JUL 17 1947
Registration District No.

Primary Registration District No. 5428

Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Gerald Rural Beam Jump
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gerald Mo. (Rural)
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Franklin
(c) City or town: Gerald
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Eliza Farrar
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: George T. Farrar
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mar. (Month) 7 (Day) 1869 (Year)
8. AGE: Years 78 Months 3 Days 10 If less than one day hr. min.
9. Birthplace: Strain (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
MOTHER
12. Name: John Strain
13. Birthplace: (City, town, or county) Mo. (State or foreign country)
FATHER
14. Maiden name: Lucy Souders
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mr. Ray Farrar
(b) Address: Gerald Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Laurel Hill
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) 6-18-47 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17 year 1947 hour 12 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 12, 1947 to June 17, 1947 that I last saw her alive on June 12, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congestive Heart Failure | 48 hrs |
| Due to: Hemmorhage cerebral | 1 Mo |
| Due to: CARCINOMA uterus approximately 2 yrs. | unknown |
| Other conditions: Myocarditis chronic (Include pregnancy within 3 months of death) | unknown |

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: B J McCauley (M. D. or other)
Address: Gerald Mo. Date signed 6-18-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Registrar
Dr. Mathews Buford Mo.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-16-47

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 Warren A Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.