No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29025

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7964

1. PLACE OF DEATH: 318
(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1113a. N. 19th. St.
(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 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1113a. N. 19th. St. 9
(If rural, give location) 21
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lula Farmer
3. (b) If veteran, name war ----
3. (c) Social Security No. .....
4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joe Farmer 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February (Month) 28 (Day) 1890 (Year)
8. AGE: Years 57 Months 6 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace Webster County, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business --
FATHER 12. Name Wash Shaw 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Elnora Reed
(b) Address 1113a. N. 19th. St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksdale, Miss.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 19th year 1947 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion (Sclerosis)	
Due to 9 yrs	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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) 7
(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 3
23. Signature ..... (M. D. or other)
Address ..... Date signed 8/20/47

Jefferson City Printing Co. (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 Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address Phoenix 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.