

S. No. 2
M-5-43
7-5-17-39
I X38677

FILED DEC 6 1947

Registration District No. **114**

Primary Registration District No. **4186**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Sullivan**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **North Side Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **Franklin**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Crawford**
(c) City or town **Seaburg**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **CLARENCE D. FARRAR**

3. (b) If veteran, name war **World War II** (c) Social Security No. **702-07-8485**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Jan** 6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **Jan 27 1914**
(Month) (Day) (Year)

8. AGE: Years **33** Months **9** Days **26** If less than one day hr. min.

9. Birthplace **Steelville, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Service Station Operator**

11. Industry or business _____

12. Name **Albert Farrar**

13. Birthplace **Crawford Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elena Brown**

15. Birthplace **Crawford Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clark Farrar**

(b) Address **Steelville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-26-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Anthony Cemetery**

18. (a) Signature of funeral director **Thomas S. Halbert**

(b) Address **Steelville, Mo.**

19. (a) **11-24-47** (b) (Registrar's signature) **9/9**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **23**
year **1947** hour **10** minute **30** M.

21. I hereby certify that I attended the deceased from **8:15 11-23 1947** to **10:30 11-23 1947**
that I last saw him alive on **11-23 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound**
7 head
Due to _____

Duration **4 hours**

Due to _____
Other conditions **16 HU**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) **suicide**

(b) Date of occurrence **11-23-47**

(c) Where did injury occur **Seaburg Crawford Mo**
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)
(e) Means of injury **gun**

23. Signature **Dr. Prastac** (M. D. or other)
Address **Sullivan Mo** Date signed **11-23-47**

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

40

~~Date Filed 12-5-47~~
~~District File Number~~

District Health Officer No. 9

RECEIVED
DEC 17 1947

DEC 11 1947

DEC 8 1947

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 *Thomas S. Hackett*

Licensed Embalmer No. *4332*

P. O. Address: *Steelville, 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.