

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41662

State File No.

5433

FILED JAN 13 1948

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 12-17-47
(Specify whether years, months or days) since 9-14-47

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 139 S. Wheeling
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME John Farrer

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Martha A. Farrer 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 6 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 20 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Forrestry Department

11. Industry or business X

MOTHER FATHER { 12. Name John Charles Bauer

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Ophelia Gray

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha A. Farrer

(b) Address 139 S. Wheeling, K. C., Mo.

17. (a) removal (b) Date thereof 12-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-26-47 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26th
year 1947 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from Dec 17
1947 to Dec 26 1947
that I last saw him alive on Dec 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis and myocardial degeneration
Due to Hypostatic pneumonia
Due to Cerebral hemorrhage

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 93d
Of autopsy

Duration
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)
(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 Joseph J. ... (M. D. or other) 2d
Address 926 1/2 W. 11th St. K. C. Mo. Date signed 12/26/47

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

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 *J. Clau Sheppard*
Licensed Embalmer No. *14179*
P. O. Address *15 E 2nd*

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.