. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 29 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 698

Registration District No. 188 Primary Registration District No. ~~4497~~ 5423 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rural Senath
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Mi West Senath Mo
(If rural, give location)

(e) Citizen of foreign country? ..... ~~(Yes or~~ No)

If yes, name country .....

3. (a) PRINT FULL NAME Dora Mae Farrer

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 .....

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

7. Birth date of deceased July (Month) 8 (Day) 1870 (Year)

8. AGE: Years 77 Months 5 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Leadhill, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name D. F. Kirby
13. Birthplace Carthage, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Levy B Alice Brick
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. F. Farrer
(b) Address Sherrill, Arkansas

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Dardenelle Ark

18. (a) Signature of funeral director McDaniel Funeral Home
(b) Address Senath Mo

19. (a) 1-4-1948 (Date received local registrar) (b) Mrs J. H. Lanier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1948 hour 1:30 PM minute ..... M.

21. I hereby certify that I attended the deceased from
January 1, 1948, to January 1, 1948
that I last saw her alive on January 1, 1948, 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Institional Nephritis — Duration Months

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

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

1318

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
(Specify type of place)

While at work? (e) Means of injury .....

23. Signature Robert E. Martin (M. D. or other)

Address Senath, Mo Date signed 1/1/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-125
Date Filed 1-26-48

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 Robert R. Collins, Registered Apprentice No. 68, working under my personal supervision.

Signed R. Crawford

Licensed Embalmer No. 4466

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.