

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23206
Registrar's No. 220

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Jacksonence
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence, 1412 S. Cedar
(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 Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 S. Cedar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MRS. THELMA A FARMER
3. (b) If veteran, name war none 3. (c) Social Security No. _____
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carroll D. Farmer 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 31, 1905
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
42 11 17 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 18
year 1948 hour 6:10 minute A M.
21. I hereby certify that I attended the deceased from June 22
1948 to July 18, 1948
that I last saw her alive on July 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach (perforation)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Texas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Frank J. Evans
13. Birthplace unknown, Ills.
(City, town, or county) (State or foreign country)
14. Maiden name Ida Fritz
15. Birthplace Sherman, Texas
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Carroll D. Farmer
(b) Address 1412 S. Cedar, Independence, Mo.
17. (a) burial (b) Date thereof 7-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 7-20-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 4/10
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 806 Prof Bldg Date signed 7/24/48

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

806
Prof. B. B. B.

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.