

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 23 1948  
STANDARD CERTIFICATE OF DEATH

State File No. 23592  
Registrar's No. 13

Primary Registration District No. 4327

Registration District No. 275

1. PLACE OF DEATH:  
(a) County Miller  
(b) City or town Iberia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community All Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Miller 66  
(c) City or town Iberia (If outside city or town limits, write "RURAL") 5  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David Porter Farnham  
3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 2  
year 1948 hour 11 minute 10 A.M.  
21. I hereby certify that I attended the deceased from May 1  
1948 to July 2 1948

4. Sex M Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Lily Farnham  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased July 10 1865  
(Month) (Day) (Year)

that I last saw him alive on July 2 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Circulatory collapse  
Duration 36 hrs.

8. AGE: Years Months Days If less than one day  
82 11 22 hr. min.

Due to arterial thrombosis 36 hrs  
right leg secondary  
Due to chronic glomerulonephritis, (nephrotic stage) 1-2 yrs.

9. Birthplace Williamsport Pennsylvania  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)  
Major findings: None 13/13  
Of operations None  
Of autopsy None  
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Stockman

11. Industry or business \_\_\_\_\_

12. Name David Farnham

13. Birthplace Canaan Maine  
(City, town, or county) (State or foreign country)

14. Maiden name Henerietta Goebel

15. Birthplace Williamsport Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.P. Farnham

(b) Address Iberia, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 4, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Iberia Cemetery

18. (a) Signature of funeral director Walter P. Hayes

(b) Address Iberia, Missouri

19. (a) July-14-48 (Date received local registrar) (b) Jessie Perkins (Registrar's signature)

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 Richard B. Musser (M. D. or other) M.D.

Address Iberia, Mo. Date signed July 3, 48

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**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.....

**Walter P. Hedges**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Walter P. Hedges*

Licensed Embalmer No. **4265**

P. O. Address..... **Iberia, Missouri**.....

**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.**