

No. 2
5-43
17-39
X36671

Farris
State File No. 32574
Registrar's No. 948

FILED NOV 8 1948 128
Registration District No. _____

Primary Registration District No. 2000

1. PLACE OF DEATH: **GREENE**
(a) County _____
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 945 North Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PETER NAHON FARRIS
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 Single
6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day One
year 1948 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from 20 Oct 1948, to 1 Nov 1948
that I last saw him alive on 1 Nov 1948
and that death occurred on the date and hour stated above.

7. Birth date of deceased January 3 1893
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
55 9 28 _____ hr. _____ min.

Immediate cause of death Cardiac failure secondary to Cachexia caused by
Due to Carcinoma of lung & bone metastasis proven by biopsy
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Boxomya Mt Lebanon (Syria)
(City, town, or county) (State or foreign country)
10. Usual occupation Exporter Broker

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Nahon Farris
13. Birthplace Mt Lebanon
(City, town, or county) (State or foreign country)
14. Maiden name Tella Farnat
15. Birthplace Mt Lebanon
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mary Ferson
(b) Address 945 North Campbell
17. (a) Burial (b) Date thereof 11-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cemetery

23. Signature Stanley J. Peterson (M. D. or other) M.D.
Address Springfield, Mo. Date signed Nov 48
While at work? _____ (Specify type of place) (e) Means of injury D

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 11-4-48 (b) M. J. Handley M.D.
(Date received local registrar) (Registrar's signature)

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

DEC 8 1948

MAR 2 1951
APR 1 3 1951

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 *Lee Mason*.....

Licensed Embalmer No. *4568*.....

P. O. Address *Springfield, 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.