

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23306**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **274**

485

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>  |  |
| c. LENGTH OF STAY (in this place) <b>48 hrs</b>  |  | d. STREET ADDRESS (If rural, give location) <b>1412 Hardy</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>                           |  |   |  |

|                                     |                        |                      |                         |  |
|-------------------------------------|------------------------|----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Anna</b> | b. (Middle) <b>W</b> | c. (Last) <b>Farrow</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1951</b> |
|-------------------------------------|------------------------|----------------------|-------------------------|--|

|                      |                               |   |                                       |   |                             |                            |
|----------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|----------------------------|
| 5. SEX <b>female</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> | 8. DATE OF BIRTH <b>Aug. 20, 1861</b> | 9. AGE (In years last birthday) <b>89</b> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|----------------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b> | 11. BIRTHPLACE (State or foreign country) <b>Mashfield, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|--|---|---|

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|--|--|---|
| 13a. FATHER'S NAME <b>Stephen Williams</b> | 13b. MOTHER'S MAIDEN NAME <b>Elizabeth (unknown)</b> | 14. NAME OF HUSBAND OR WIFE <b>Moses F. Farrow (deceased)</b> |
|--|--|---|

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Geo. R. Farrow</b> | ADDRESS <b>Independence, Mo.</b> |
|---|--|---|----------------------------------|

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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | 19. INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b> |  |   |
| ANTECEDENT CAUSES   |   | DUE TO (b) <b>Post Surgery (gobus) Incarcerated (Chined)</b> |   |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |   | DUE TO (c) <b>Emphysema (Chronic) (Chronic)</b>              |   |
| II. OTHER SIGNIFICANT CONDITIONS  |   | <b>Chronic Bronchitis</b>                                    |   |
| Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                                       |  |   |
|---------------------------------------|--|---|
| 19a. DATE OF OPERATION <b>7-25-51</b> | 19b. MAJOR FINDINGS OF OPERATION <b>Incarcerated (gobus) (Chronic)</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|---------------------------------------|--|---|

|  |  |   |                  |
|--|--|---|------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <b>Independence</b> | STATE <b>Mo.</b> |
|--|--|---|------------------|

|  |  |                                       |
|--|--|---------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <b>5610</b> |
|--|--|---------------------------------------|

22. I hereby certify that I attended the deceased from **1945**, to **7-26, 1951**, that I last saw the deceased alive on **7-25-51**, (19**51**), and that death occurred at **1:25A m.**, from the causes and on the date stated above.

|  |                                     |                                 |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>George R. Farrow</b> (Degree or title) | 23b. ADDRESS <b>Independence Mo</b> | 23c. DATE SIGNED <b>7-26-51</b> |
|--|-------------------------------------|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>July 28, 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Ed. Grove Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b> |
|---|--------------------------------|--|--|

|                         |   |  |                                  |
|-------------------------|---|--|----------------------------------|
| DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE <b>Geo. R. Farrow</b> | FEDERAL DIRECTOR'S SIGNATURE <b>Geo. B. Carson</b> | ADDRESS <b>Independence, Mo.</b> |
|-------------------------|---|--|----------------------------------|

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

AUG 6 RECD

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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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Floyd C. Larson* .....

Licensed Embalmer No. *4199* .....

P. O. Address *Indep. 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.