S. No. 2
M—5-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36809

Registration District No. 52 Primary Registration District No. 5182 Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County GAPE GIRARDEAU.
(b) City or town ~~CAPE GIRARDEAU~~ (If outside city or town limits, write "RURAL" and name of township) Rural (Shawnee Twp)
(c) Name of hospital or institution NEAR ORIOLE. MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community 50 YEARS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County GAPE GIRARDEAU
(c) City or town ~~ORIOLE~~ Rural (Shawnee Twp) (If outside city or town limits, write "RURAL")
(d) Street No. address Jackson Mo RR 1 (rural location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME ALFORD R. FARROW
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
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 FEB. (Month) 15. (Day) 1860 (Year)
8. AGE: Years 85 Months 9 Days 14 If less than one day hr. min.
9. Birthplace BATON ROUGE (City, town, or county) LA. (State or foreign country)
10. Usual occupation FARMER
11. Industry or business RETIRED.
FATHER 12. Name CHRISTOPHER FARROW
13. Birthplace WALES (City, town, or county) England (State or foreign country)
MOTHER 14. Maiden name RAECHEL SMALLEY
15. Birthplace DONT KNOW. (City, town, or county) (State or foreign country)
16. (a) Informant MRS. HENRY PERRY.
(b) Address ORIOLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation McLain Cemetery
18. (a) Signature of funeral director Walthers Und. Co.
(b) Address Cape Girardeau Mo
19. (a) 11-30-945 (Date received local registrar) (b) D. G. Seibert (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 29 year 1945 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from was dead when I reached his home to, 19
that I last saw him alive on July 1st, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death cerebral apoplexy — Duration: five min
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. G. Seibert (M. D. or other) MD
Address Jackson Mo Date signed 11-30-45

1432 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 124 5 - 1414

Date Filed 12 - 2 - 45

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.