S. No. 2
4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17344

State File No.

Registration District No. 68 — Primary Registration District No. 5103 — Registrar's No. 10

1. PLACE OF DEATH:
(a) County Bollinger
(b) City or town Patton — Crooked Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Bollinger
(c) City or town Patton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Melvina Almarinda Farmer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John R. Farmer
6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 8, (Day) 1857 (Year)

8. AGE: Years 85 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Patton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name William Olds
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Polly Seabaugh
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Fairlee Yount
(b) Address Marquand, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Patton, Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown, Mo.

19. (a) 5/22/42 (Date received by local registrar) Mrs. Geneva Graham (Registrar's signature)

1063 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 10, 1942, to May 21, 1942, that I last saw her alive on May 19, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	3 days
Shock	11 days
Due to: Fracture of left humerus	11 days
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) accident
(b) Date of occurrence May 20, 1942
(c) Where did injury occur? Patton (City or town) Bollinger (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? (e) Means of injury Fracture humerus

23. Signature E. W. Delycene (M. D. or other) D.O.
Address Fredericktown Mo Date signed 5/22/42

RECEIVED

District Health Officer No. 4

District File Number 6-12-789

Date Filed 6-16-42

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

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Stanley N. Lipton

Licensed Embalmer No. 4193

P. O. Address Fredericktown, M

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.