. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 3 1947
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33720
Primary Registration District No. 1000
Registrar's No. 1270

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rosary Hill Nursing Home, 2013 Francis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Easton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John W. Farrell
3. (b) If veteran, name war No.
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 21 (Day) 1876 (Year)

8. AGE: Years 71 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
MOTHER FATHER
12. Name Timothy Farrell
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)
14. Maiden name Fannie Reynolds
15. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Joe Farrell
(b) Address Easton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Hurlingen Cemetery
18. (a) Signature of funeral director Keaton-Berryman
(b) Address St. Joseph, Mo.
19. (a) 10-27-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1947 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from Oct 23, 1947, to Oct 23, 1947, that I last saw him alive on Oct 23, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	
Due to: arteriosclerosis	5 yrs
Due to:	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 Charles B. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg Date signed 10-24-1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Francis J. Wyland Jr., Registered Apprentice No. 444, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 519 S. 10th St. Joseph, 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.