

Registration District No. 1095

Primary Registration District No. 4336

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Clarksburg
(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 13 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau

(c) City or town Clarksburg Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Lives on Main St. Clarksburg
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Rueben Copas Farris

3. (b) If veteran, name war None

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18
year 1940 hour 11 minute 10 A M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha J. Farris

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 7 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to Present, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 10 11 hr. min.

Immediate cause of death _____
Accidentally struck at crossing in Clarksburg Mo by No. 12 Pullman

Due to _____

Duration _____

9. Birthplace Crab Orchard, Kentucky
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Medical Doctor

11. Industry or business Medical Doctor

12. Name John Farris

13. Birthplace England England
(City, town, or county) (State or foreign country)

14. Maiden name Anna Brauer

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gilda Farris

(b) Address Clinton, Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2/20/1940
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director James E. Rebeck

(b) Address Clinton Mo

19. (a) 2-20-1940 (Date received local registrar)

(b) J. C. Martin (Registrar's signature)

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 2-18-40

(c) Where did injury occur? Clarksburg Mo
(City or town) (County) (State)

(d) Did injury occur on or about home, on farm, in industrial place, in public place? Public place

While at work? yes (Specify type of place) _____
(a) Means of injury Struck by No. 12 train

28. Signature J. C. Martin (M. D. or other) _____

Address California Mo Date signed 2-18-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 6 1942

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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, above space should be left blank.