

FILED MAR 1 1948

Registration District No. 279

Primary Registration District No. 5791

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Enon Rural Buris farm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Enon (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ALONZO FARRIS.

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 14-1874

(Month) (Day) (Year)

8. AGE:

Years 76 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Enon

(City, town, or county) (State or foreign country) MO.

10. Usual occupation farmer

11. Industry or business _____

12. Name Prof. Farris

13. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Winick

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

16. (a) Informant Charles Farris

(b) Address Enon, MO.

17. (a) Burial (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Travis Cemetery

18. (a) Signature of funeral director Russell W. Stephens

(b) Address Russellville, MO.

19. (a) 2/24/48 (b) C.H. Hall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 22
year 1948 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 1947 to Feb. 22, 1948
that I last saw him alive on Feb. 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 hrs.

Due to _____

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? _____

While at work (Specify type of place) (c) Means of injury 2

23. Signature Prof. E. Murrell, M.D. (M. D. or other)

Address Eldon, Mo. Date signed 2/23/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE PERMANENT RECORD

MADE PERMANENT 1948 RECORD

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 *E. Steffens*
Licensed Embalmer No. 2307
P. O. Address Rolla 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.