

FILED NOV 19 1946  
Registration District No. 176

Primary Registration District No. 5-568

Registrar's No. 353

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1403 Harris / Blue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 years  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1403 Harris  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MARY E. FARMER

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased September 12th 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Patton Lytle

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

14. Maiden name Lucinda Edwards

15. Birthplace Cran Orchard, Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Cross

(b) Address 1403 Harris

17. (a) Burial (b) Date thereof Oct. 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Missouri

19. (a) 10-26-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th  
year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 10/16/45  
1945 to 10/18/46 1946  
that I last saw her alive on 10/18/46 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure Duration 12 hrs  
Due to Hypertensive + arteriosclerotic  
cardiovascular disease yrs

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 13D

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 0  
23. Signature Vance E. Link, M.D. M. D. or other \_\_\_\_\_  
Address 129 W. Lexington St. Lexington, Mo. Date signed 10/21/46

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

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**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 R. A. Lisle .....

Licensed Embalmer No. 4123

P. O. Address Independence, 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.**