

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

Rev. 5-17-36
1 X 11351

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 22 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35668

State File No. _____

Registration District No. 185

Primary Registration District No. 2155

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - One name Township
(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 Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. One name Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Perry Frank Farley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Welda Farley 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased August 16 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name Creed E Farley
13. Birthplace Wc Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Hessietta Reynolds
15. Birthplace Wc Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs P. F. Farley

(b) Address Steedman, Missouri

17. (a) Burial (b) Date thereof Nov 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director W. J. Williams

(b) Address Callaway, Missouri

19. (a) 11/1 1939 (b) W. J. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1939 hour 3 minute A M.

21. I hereby certify that I attended the deceased from October 23, 1939, to October 29, 1939,
that I last saw him alive on October 29, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration _____

Due to _____

Due to _____ Hb

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations none
Of autopsy none
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)
(e) Means of injury _____

23. Signature Frank J. Nichols (M. D. _____)
Address Callaway, Mo Date signed 11-1-39

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 Harold J. Christey
Licensed Embalmer No. 4002
P. O. Address Dulton, 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.