

No. 2
-13-4
17-2

Registration District No. 1046 Primary Registration District No. 5810 Registrar's No.

1. PLACE OF DEATH:
(a) County. Newton
(b) City or town. Joplin
(c) Name of hospital or institution. 3424 Oak Ridge Drive
(d) Length of stay: In hospital or institution. None
In this community. 51 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jasper
(c) City or town. Joplin
(d) Street No. 717 Connor Ave.
(e) If foreign born, how long in U. S. A.? No years.

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

4. Sex. F 5. Color or race. W
6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. No
6. (c) Age of husband or wife if alive. No years
7. Birth date of deceased. May 31 1889

8. AGE: Years 51 Months 10 Days 29
If less than one day hr. min.

9. Birthplace. Joplin Missouri

10. Usual occupation. Housewife

11. Industry or business. Home

12. Name. Wm. Farley
13. Birthplace. Indiana
14. Maiden name. Mary Rowland
15. Birthplace. Missouri

16. (a) Informant. Mrs. D. G. Bassett
(b) Address. 1737 Guilbeau - Joplin, Mo.

17. (a) Burial (b) Date thereof. 5-3-41
(c) Place: burial or cremation. Ozark Memorial Park

18. (a) Signature of funeral director. Therbert and Co.
(b) Address. 212 Joplin St. Joplin, Mo.

19. (a) 5-2-41 (b) Ed J. Jessing
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30
year 1941 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2:30
1939 to Apr 30, 1941;
that I last saw her alive on April 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death. Head & Respiratory Failure
Due to Carcinoma uterus and Intestines
Due to _____
Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations. Laparotomy, Carcinoma uterus & Intestines
Of autopsy. _____

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

While at work? _____
23. Signature. W. E. Herndon
Address. 521-W-4th Joplin Date signed 5-2-41

Duration
2 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

48

RECEIVED
District Health Officer No. 6
District File No. 571-738
Date Filed

PERSONAL 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 *Sam E. Senevay*

Licensed Embalmer No. *4099*

P. O. Address *Joplin 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-332

Registration District No. 1046

Primary Registration District No. 5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Shoal Creek
(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

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 51 Months 10 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country) _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart + Respiratory failure
Due to Carcinoma of uterus and salivary glands
Duration 3 yrs.

Other conditions Metastases through abdomen cancer colon and uterus

Major findings: Cancer uterus metastases to sigmoid.
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) (e) Means of injury _____

23. Signature W. E. Heinke (M. D. or other) DO

Address 521 - W - 4 Date signed 6-21-41

SUPPLEMENTAL

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

MOTHER FATHER

cle

