

No. 2
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5-17-39
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RECEIVED MAY 26 1941

15492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 84

Registration District No. 677 Primary Registration District No. 4403

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Keosauqua
(c) Name of hospital or institution: Mrs. Farland Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeWitt
(c) City or town Salem
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 1 years.

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

20. DATE OF DEATH: Month May day 10
year 1941 hour 10:25 minute a. M.

4. Sex MO 5. Color or race white
6. (a) Single, married, divorced, Married

21. I hereby certify that I attended the deceased from 5/9, 1941, to 5/10, 1941, that I last saw him alive on 5/10, 1941, and that death occurred on the date and hour stated above.

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

Immediate cause of death Fracture fronto-parietal skull on auto mobile accident
Due to Crash on collision

7. Birth date of deceased May 4, 1915
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years 26 Months 0 Days 6 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 170C

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Chamberman
11. Industry or business _____
12. Name Blanchette Farley
13. Birthplace Leadbelt Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Babcock
15. Birthplace Leadbelt Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Farley
(b) Address Salem Mo
17. (a) Burial (b) Date thereof May 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5/9/41
(c) Where did injury occur? Salem DeWitt Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Traveling on highway

(c) Place: burial or cremation Salem Mo
18. (a) Signature of funeral director Will Owen
(b) Address Keosauqua Mo
19. (a) May 12, 1941 (b) Jos. J. Owens
(Date received local registrar) (Registrar's signature)

While at work? Yes (Specify type of place) Auto accident
(c) Manner of injury _____
23. Signature J. J. Owens
Address Rolla, Missouri Date signed 5/12/41

RECEIVED

District Health Officer No. 5,

District File Number 5411692

Date Filed

MAR 2 1957

MAR 5 1957

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 S. L. [Signature]

Licensed Embalmer No 3397

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.