

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 67

1. PLACE OF DEATH: Carroll Co  
(a) County Carrollton  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
706 W. Lincoln  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limit, write "RURAL")  
(d) Street No. 706 W. Lincoln  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nellie FARLEY  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 10  
year 1941 hour 9 minute 45 M.  
21. I hereby certify that I attended the deceased from 11-11-35  
1935, to 6-10 1941  
that I last saw her alive on 6-10 1941  
and that death occurred on the date and hour stated above.

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married / divorced married  
6. (b) Name of husband or wife Cassus H. Farley 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Oct. 31 1880  
(Month) (Day) (Year)

Immediate cause of death Enlarged Bronchial Glands with Bronchitis  
Due to Carcinoma of Breast  
Duration About 1 yr

8. AGE: Years 60 Months 7 Days 9 If less than one day hr. min.

Other conditions ✓  
(Include pregnancy within 3 months of death)  
Major findings: Of operations ✓  
Of autopsy ✓

9. Birthplace Iowa (City, town, or county) (State or foreign country)  
10. Usual occupation House Wife

11. Industry or business ✓  
12. Name Calvin Haworth  
13. Birthplace Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Cara McConnell  
15. Birthplace Iowa (City, town, or county) (State or foreign country)

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

16. (a) Informant Cassus H. Farley  
(b) Address Carrollton, Mo.  
17. (a) Burial (b) Date thereof 6/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Coloma

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 130  
(b) Date of occurrence 6/14/41  
(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?

18. (a) Signature of funeral director Myer J. ...  
(b) Address Carrollton, Mo.  
19. (a) 6-13-41 (b) Just Haskins  
(Date received local registrar) (Registrar's signature)

23. Signature W.G. Atwood (M. D. or other)  
Address Carrollton, Mo Date signed 6/14/41  
(Specify type of place) (e) Means of injury

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-9-41

**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 *John H. Meyer*

Licensed Embalmer No. *3730*

P. O. Address *Brunswick, Me*

**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.**