

Registration District No. 247

Primary Registration District No. 5838

Registrar's No. 39

73
 00
 0

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

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Newtonia (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether years, months or days)
 In this community Several years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton
 (c) City or town Newtonia (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 _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 25th
 year 1942 hour 10:30 minute A. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Eda Frances Farley
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Sept 4 1873
 (Month) (Day) (Year)

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

8. AGE: Years 68 Months 11 Days 20
 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of the Right side of the bladder. Had been sick about 3 years. No physician had ever attended him
 Duration _____

9. Birthplace _____ N.C. 1
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

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

MOTHER FATHER

11. Industry or business _____
 12. Name Jason L. Farley
 13. Birthplace N. C.
 (City, town, or county) (State or foreign country)
 14. Maiden name Cardiss E. Conley
 15. Birthplace N. C.
 (City, town, or county) (State or foreign country)

16. (a) Informant Bill Patterson
 (b) Address Newtonia, Missouri

17. (a) Burial (b) Date thereof Aug. 27 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby, Cemetery

18. (a) Signature of funeral director Horine & Culver

(b) Address Cassville, Missouri

19. (a) Aug 26 '42 (b) Lulu Howard
 (Date received local registrar) (Registrar's signature)

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. Reynolds Carver (M. D. or other) _____
 Address Newtonia Mo Date signed Aug 24/42

1147

RECEIVED

District Health Officer No. 6,

District File Number 942-1323

Date Filed SEP 8 1942

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed Edmond Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville Missouri

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.