

Registration District No. 206

Primary Registration District No. 6207

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Iowa
(b) City or town Rural Lynch
(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 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iowa
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. E. of Elli Prairie
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSANAH ELIZABETH FARLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Coswell J. Farley 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 4 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Jack Co. Mo.
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Catrick Deable
13. Birthplace unknown
14. Maiden name Mary Berdew
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Preston Farley
(b) Address Houston, Mo.

17. (a) Burial (b) Date thereof 8/15/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elli Prairie

18. (a) Signature of funeral director Gaylord V. Ellett

(b) Address Houston, Mo.

19. (a) 8-24-45 (b) Mrs. Ella Deff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1945 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from MAY 40, 1940, to AUG 12, 1945;
that I last saw her alive on AUG 12, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE
Due to THYROTOXICOSIS

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

Major findings: Of operations 63%
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? _____ (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) (b) Means of injury 0

23. Signature L. M. Dullman (M. D. or other) M.D.
Address HOUSTON, MO. Date signed 8-15-45

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

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

SEP 12 1945

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.