

FILED SEP 25 1947

Registration District No. 322

Primary Registration District No. 4472 3071

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Slater
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97
(c) City or town Slater 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Kate (Farley) Young

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 4 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 3 _____ hr. _____ min.

9. Birthplace Roanoke Co., Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

12. Name Seth Farley

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

14. Maiden name Sue Baldwin

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

16. (a) Informant Farley Young

(b) Address Slater Mo. R.F.D

17. (a) Burial (b) Date thereof Aug. 10, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo.

18. (a) Signature of funeral director Jones and Salzer

(b) Address Slater Missouri.

19. (a) Aug 11, 1947 (b) Mrs. Earle C. Metz
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1947 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 1937 to August 7 1947
that I last saw her alive on August 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
of atherosclerosis
Due to Sen. Arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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?

23. Signature A. M. Durney (Specify type of plac) _____
While at work? _____ (b) Means of injury _____
Address Slater Mo Date signed 8/11/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-24-47

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

James E. Jones

Licensed Embalmer No. 3143

P. O. Address Statesville

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.