

No. 2
2-45
17-39
X47070

FILED SEP 9. 1948

State File No. _____

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Naomi St., Charleston, Missouri. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community All of Life years, months or days

3. (a) PRINT FULL NAME Leonard Marvin Farley, Jr.

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased March 23, 1948
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>4</u>	<u>8</u>	hr. min.

9. Birthplace Naomi St., Charleston, Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

MOTHER FATHER

12. Name Leonard Marvin Farley

13. Birthplace West Frankfort, Illinois. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lorene Houston

15. Birthplace Dover, Tennessee. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard M. Farley

(b) Address Naomi St., Charleston, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8-2-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery Charleston, Missouri.

18. (a) Signature of funeral director John J. Minnick

(b) Address Charleston, Missouri

19. (a) 9-4-48 (Date received local Registrar)

Mrs. John Bonduant (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Benton, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 miles East of Benton, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1948 hour 2:30 minute _____ P. M.

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

Immediate cause of death _____
Acute Gastro-Enteritis

Due to _____
No medical attention

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

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

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 3
John J. Minnick (Signature) 1948
Address Charleston, Mo. Date signed 8-2-48

RECEIVED

District Health Office No. 2,

District File Number 948-1103

Date Filed 9-7-48

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.

not embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.