

FILED SEP 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27253

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 249

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1424 S. Carr
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
Life (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 15
(If outside city or town limits, write "RURAL")

(d) Street No. 1424 S. Carr 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME JAMES HENRY FARLEY

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 22, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>2</u>	<u>22</u>	hr. min.

9. Birthplace Johnson County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business.....

12. Name E. N. Farley13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Mary Dewitt15. Birthplace Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ella Farley
(b) Address Sedalia, Mo.17. (a) Burial (b) Date thereof 8-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rocky Comfort, Mo.18. (a) Signature of funeral director D. Heckart
(b) Address Sedalia, Mo.19. (a) 8-15-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1948 hour 12 minute 15 P. M.21. I hereby certify that I attended the deceased from 15 Aug 14, 1948 to 19 48
that I last saw him alive on Aug 14, 1948
and that death occurred on the date and hour stated above.Immediate cause of death MyocardialDue to.....
Due to.....Other conditions.....
(Include pregnancy within 3 months of death)Major findings: 93%
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?.....

While at work?..... (Specify type of place)

23. Signature J. Mitchell (M. D.) O. M. B.Address Sedalia Mo. Date signed Aug 15 - 48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-2-48

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.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.