APR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11128
Do not use this space.

1. PLACE OF DEATH
(a) County: Jasper
(b) Township:
(c) City: Carthage, Mo.
(d) Street No.: McCune Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 640 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.: 408
Primary Registration District No.: 3020
Registered No.: 56

2. PRINT FULL NAME: John V. Farley
(a) Residence, No.: 129 Park Joplin Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Farley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22 - 1876
7. AGE: Years 61 Months 8 Days 6 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Houston Mo. U.S.

FATHER
13. NAME: James Farley. U.S.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown ?

MOTHER
15. MAIDEN NAME: Irma Gilmore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Anna Farley 129 Park Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE Ozark Park, DATE 3/30 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ulmer Funeral Home Carthage, Mo.
20. FILED Mar. 29 1939 E. J. McArtin, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/28 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/1/39, 1939, to 3/28/39, 1939
I last saw h. alive on 3/28 1939. Death is said to have occurred on the date stated above, at 9 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	3/20/39
perforated peptic ulcer	3/20/39
Other contributory causes of importance:	
Syphilis 34	?
Jaundice	?

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify:
(Signed) W. J. McCune, M. D.
(Address) 323 So. Main Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 6-39-780
Date Filed APR 11 1939

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 Ed [illegible]

Licensed Embalmer No. 2222

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.).

If this body is not embalmed, above space should be left blank.