

Registration District No. 411Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Jasper 2  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1130 Sergeant  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 33 years (Specify whether  
 years, months or days)

## 3. (a) PRINT FULL NAME

Irene Farley 640

## 8. (b) If veteran, name war

## 3. (c) Social Security No.

4. Sex Female5. Color or race Wh6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife James A. Farley

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

7. Birth date of deceased May 13 1856  
(Month) (Day) (Year)

## 8. AGE:

Years 83Months 6Days 13

If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

## 9. Birthplace

Houston  
(City, town, or county)Missouri  
(State or foreign country)

## 10. Usual occupation

Housewife

## 11. Industry or business

Minor Gilmore

## 12. Name

Unknown

## 13. Birthplace

Unknown  
(City, town, or county)

(State or foreign country)

## 14. Maiden name

Unknown

## 15. Birthplace

Unknown  
(City, town, or county)

(State or foreign country)

## 16. (a) Informant's own signature

Elizabeth Meyer

## (b) Address

Joplin 216017. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 11-28-39

(Month) (Day) (Year)

## (c) Place: burial or cremation

Fairview Cemetery

## 18. (a) Signature of funeral director

J. H. Reynolds

## (b) Address

1502 Joplin, Joplin, Missouri19. (a) 11-28-39  
(Date received local registrar)(b) E. D. Jensen  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1130 Sergeant  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th  
year 1939 hour 7:55 minute \_\_\_\_\_ a. M.21. I hereby certify that I attended the deceased from Nov 20  
\_\_\_\_\_, 1939, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on Nov 20, 1939,  
and that death occurred on the date and hour stated above.

## Immediate cause of death

Bronchial pneumonia

## Duration

## Due to

Senility

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations Of autopsy 

## PHYSICIAN

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)

(a) Means of injury

23. Signature [Signature] (M. D. or other) \_\_\_\_\_Address 616 Travis Bldg Joplin Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 6,

District File Number 12039-2514

Date Filed DEC 7 1939

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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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, above space should be left blank.