

FILED MAR 11 1940

Registration District No. _____

Primary Registration District No. 5549

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Drow
(b) City or town Bellemeir Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Drow
(c) City or town Bellemeir Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME 6400 no name baby non infant

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 7th
year 1940 hour 11 PM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 7 1940
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death: Sex non baby. Born alive
lived 2 hrs - 5 m.

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr 5 min.

Due to Premature birth
Due to _____
Other conditions (Include pregnancy within 3 months of death) 159

9. Birthplace Bellemeir Mo
(City, town, or county) (State or foreign country)

10. Usual occupation non

11. Industry or business _____

MOTHER FATHER
12. Name Charley D. Farley
13. Birthplace Bellemeir Mo
(City, town, or county) (State or foreign country)

14. Maiden name Galsie Johnson
15. Birthplace Washington Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charley D Farley
(b) Address Bellemeir Mo

17. (a) Bellemeir Mo (b) Date thereof Feb 8-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellemeir Mo

18. (a) Signature of funeral director non
(b) Address _____

19. (a) Feb 28 1940 (b) Mrs J. L. Townsend
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. H. Hale (M. D. or other) _____
Address Bismarck Mo Date signed 2/8/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

WHILE LEAVING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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.

*No Embalment by
James
New York*

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, above space should be left blank.