No. 2
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17-39
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FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24639

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 761

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 3104 Olive St,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 3104 Olive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James Peter Farley 640

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Farley

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

7. Birth date of deceased June (Month) 6 (Day) 1860 (Year)

8. AGE: Years 80 Months 1 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Seneca (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired Custodian 5

11. Industry or business Elk's Club

FATHER
12. Name Peter Farley 5
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Spellman
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Miss. Elizabeth Farley
(b) Address 3104 Olive Str. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director H. O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) July 17-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1940 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from 7/13 — 1940, 19..., to 7/15, 1940; that I last saw him alive on 7/14, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Disease Angina Pectoris	3 days
Due to Senile Debility Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 W	

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? ✓ (Specify type of place)
85
While at work? ✓ (e) Means of injury ✓

23. Signature [signature] (M. D. or other) 1 M.D.
Address Phys & Surg Bldg Date signed 7/16-40

(Licensed Embalmer's Statement on Reverse Side)

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 My-Le

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. #4028

P. O. Address 1802 Union

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

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