

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

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

Registration District No. 948 Primary Registration District No. 6058 Registrar's No.

1. PLACE OF DEATH: (a) County Scotland Mo (b) City or town Bible Grove (c) Name of hospital or institution: (d) Length of stay: In hospital or institution none (e) In this community all his life

3. (a) PRINT FULL NAME Samuel Farley (b) If veteran, name war (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widow (b) Name of husband or wife Fannie Farley (c) Age of husband or wife if alive years 7. Birth date of deceased Jan 1 1869

8. AGE: Years 71 Months 6 Days 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business: 12. Name Harry Farley 13. Birthplace Memphis (City, town, or county) (State or foreign country) 14. Maiden name Anna Green 15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Albert Farley (b) Address Greensburg Mo

17. (a) Burial (b) Date thereof July 18 1940 (c) Place: burial or cremation

18. (a) Signature of funeral director Keith Probert (b) Address Memphis Mo

19. (a) Date August 2 1940 (b) Registrar's Signature E. E. Symmonds (c) (If received local registrar)

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County Scotland (c) City or town Bible Grove (d) Street No. (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month July day 11 year 1940 hour 7 1/2 a m minute M. 21. I hereby certify that I attended the deceased from June 28 1940 to July 9 1940 that I last saw him alive on July 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia 4 wks previous to above date Duration 4 wks Due to Pneumonia fever 8 wks previous to above date

Other conditions: (Include pregnancy within 3 months of death) 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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature E. E. Symmonds (M. D. or other) Address Memphis Mo Date signed July 13 1940

1102

Dec 1929

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 me

Fred Gerth

, Registered Apprentice No. 1029

working under my personal supervision.

Signed Fred Gerth

Licensed Embalmer No. 1029

P. O. Address Memphis 7

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

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

MISSISSIPPI STATE BOARD OF EMBALMERS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26447**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **948**

Primary Registration District No. **6058**

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County **Scotland**  
(b) City or town **St. Pleasant**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

3. (a) PRINT FULL NAME **Samuel Farley**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced, **wid**

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **11** If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(Burial, cremation, or removal) (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11** year **1940** hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia from 8 weeks previous to above date**

Due to **Lobar Pneumonia**

Due to..... Other conditions (Include pregnancy within 3 months of death) **108**

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) (e) Means of injury.....

23. Signature **E. E. Simmons** (M. D. or other)

Address **Manchester Mo** Date signed **Sept 16**

1940

