

Registration District No. **398**

Primary Registration District No. **5554**

Registrar's No. **231**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
8824 Wilson Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **30 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **8824 Wilson Road**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

3. (a) PRINT FULL NAME **Mr. Lawrence A. Farley**

3. (b) If veteran. name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30th**
year **1941** hour **8** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **8/29**, 1941, to **8/30**, 1941,
that I last saw him alive on **8/30/41**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mrs. Sovilla Farley** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **September 9 1855**
(Month) (Day) (Year)

Immediate cause of death: **Cardiac collapse**

Due to **Ch. Myocarditis**
" Nephritis

Due to **Hyperthroid Prastate**

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

85 **11** **21** hr. min.

Major findings: Of operations **1314**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Plumber (Retired)**

11. Industry or business **Operator Filling Station**

MOTHER, FATHER

12. Name **John Farley**

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

14. Maiden name **Ann Fitzpatrick**

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

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?

16. (a) Informant **Bryan Farley**

(b) Address **8824 Wilson Road**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 3, 1941**
(Month) (Day) (Year)

(c) Place: burial, or cremation **Mount Moriah Cemetery**

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

23. Signature **J. L. Cook** (M. D. or other) **MD**
Address **10307 Andy Ave** Date signed **9/1/41**

18. (a) Signature of funeral director **J. H. Newberry Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Sept 2 31** (Date received local registrar) (b) **J. L. Cook** (Registrar's signature)

SEP 6 1941

*W.C. Hillman
St Josephs Hosp
Mon 9:11 P.M. 10*

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 *H.C. Newcomer*

Licensed Embalmer No. *4043*

P. O. Address *H.C. No.*

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, fact should be so stated above.