

ED APR 8 1943

Registration District No. 256

Primary Registration District No. 6209

Registrar's No. 12

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town RURAL PINEY JUNCTION
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 81 YRS.
years, months or days)

3. (a) PRINT FULL NAME MARTHA ELLEN FARLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN H. FARLEY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 16 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 20 hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name WILLIAM COBBLE

18. Birthplace 1 TENN.
(City, town, or county) (State or foreign country)

14. Maiden name FANNY GILMORE

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

16. (a) Informant MARY CORLEY

(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 3/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EMERY

18. (a) Signature of funeral director Hayford U. Elliott

(b) Address HOUSTON, MO

19. (a) March 8-43 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107

(c) City or town HOUSTON
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (if rural, give location) C

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6
1943 year 4 hour 10 minute _____ A.M.

21. I hereby certify that I attended the deceased from Feb 15, 1943 to March 6, 1943
that I last saw him alive on March 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to _____

Due to _____

Other conditions Diarrhea
(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? _____
(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. P. Homans (M. D. or other) _____

Address HOUSTON Date signed 3-8-43

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 443211

Date Filed 4.7.43

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.