

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

FILED AUG 6 1943 149
Registration District No. 149

Primary Registration District No. 1002

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

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 514 1/2 Main
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred Farley

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 17, 1943 to July 22, 1943

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown 1877
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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

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

Immediate cause of death _____

Myocardial failure

Undiagnosed psychosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Trucker

11. Industry or business Delivery Truck

12. Name Rosen Farley

13. Birthplace Shawnee Falls So Dak 1
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Thomson

15. Birthplace Shawnee Falls So Dak 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy NO

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Office

(b) Address Genl Hospital

17. (a) Remove (Burial, cremation, or removal) (b) Date thereof 7/24/43
(Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Falls So Dak

18. (a) Signature of funeral director James M. Murphy

(b) Address Linnwood + Olive

19. (a) 7-24-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

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) (a) Means of injury _____

23. Signature Dwight R. Thom (M. D. or other) _____
Address _____ Date signed _____

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.....

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, fact should be so stated above.