

Registration District No. 60

Primary Registration District No. 4250

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

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Pevely
(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 years, months or days)

3. (a) PRINT FULL NAME Joseph White Farley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race w

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb 11 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation School Janitor

11. Industry or business _____

MOTHER FATHER

12. Name Ira J. Farley

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

14. Maiden name Jannie Bruce

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

16. (a) Informant Mrs. Bernie Farley

(b) Address Pevely Mo.

17. (a) Burial (b) Date thereof 12-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pevely Mo.

18. (a) Signature of funeral director Frank E. Pender

(b) Address Festus Mo.

19. (a) 12/31/43 (b) Mrs. Lily Williams
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1943 hour 4 minute — P. M.

21. I hereby certify that I attended the deceased from June 1 1940 to Dec 28 1943
that I last saw him alive on Dec 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the prostate

Duration 4 yrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 51 lb

Major findings: Of operations as above

Of autopsy no

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)
(or) Means of injury _____

23. Signature Lucy Williams M.D. (M.D. or other) _____
Address Pevely, Mo. Date signed 1/3/44

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-15-44

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus, Mo.

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.