

Jan 12  
S. No. 2  
DM-2-43  
v. 5-17-39  
I X35697

FILED JAN 10 1945  
Registration District No. **300**

Primary Registration District No. **3076**

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

1. PLACE OF DEATH:

(a) County Vernon

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

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

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 1  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jernoy

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

(d) Street No. 519 So. College (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country 1

3. (a) PRINT FULL NAME Mary Knight

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30  
year 1944 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from 11-30, 1944, to 12-3-, 1944  
that I last saw her alive on 12-2-44, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: Oct 25 1857  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years 87 Months 1 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Homekeeper

Other conditions Complete heart block  
(Include pregnancy within 3 months of death)

Major findings: hypertensive heart disease PHYSICIAN  
Of operation Generalized arteriosclerosis  
Of autopsy 938

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry Farley

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Mrs. Margaret Cox

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Dec 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen W. Hays

(b) Address Nevada, Mo.

19. (a) 12-16-44 (b) Harold B. Bensch  
(Date received local registrar) (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? \_\_\_\_\_

(Specify type of plane) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury 0

23. Signature Abelton Davis (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo. Date signed 12-5-44

1331

PT 100-110  
12-44-1461  
1-8-45  
Certo Filed

**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 *Allen V. Long*.....

Licensed Embalmer No. *1968*.....

P. O. Address *Nevada, 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.**