

No. 2
-12-45
5-17-39
X47070

FILED SEP 21 1946

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4222

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 hrs (Specify whether years, months or days) (Specify whether _____)

In this community 32 hrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo Kansas (b) County Johnson ⁹⁹⁹

(c) City or town Mission ¹⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 4324 W 57 Terr ⁰
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ²

If yes, name country _____

3. (a) PRINT FULL NAME Joseph Kent Farney

3. (b) If veteran name war 0

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Birth
Oct, 5, 1946 to Oct, 6, 1946
that I last saw him alive on Oct 6, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wh

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

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased October 3 46
(Month) (Day) (Year)

Immediate cause of death Adenocarcinoma Duration 34 hr

Due to cause unknown

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

68 hr. 5 min.

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

Due to _____

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

Major findings: 161 a

Of operations _____

Of autopsy _____

10. Usual occupation None

11. Industry or business None

12. Name Joseph H. Farney

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

14. Maiden name Wilma Alena Dahn

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

16. (a) Informant Joseph A. Darney

(b) Address Mission Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-46
(Month) (Day) (Year)

(c) Place: burial or cremation Stridley Kans

18. (a) Signature of funeral director Barthley

(b) Address Mission Kans

19. (a) 10-7-46 (Date received local registrar) (b) Geraldine Holme (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)

Means of injury _____

23. Signature Jacob P. Farney (M. D. or other) M. D.

Address 305 Brookside Rd Date signed 10-6-46

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

MOTHER FATHER

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.