

S. No. 2  
-12-45  
5-17-39  
P I X47070

State File No. ....

FILED MAY 29 1947

Registration District No. 173

Primary Registration District No. 4276

Registrar's No. 99

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

1. PLACE OF DEATH:

(a) County LAWRENCE

(b) City or town PIERCE CITY  
(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 1 YEAR..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE <sup>55</sup>

(c) City or town PIERCE CITY <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) <sup>0</sup>

(e) Citizen of foreign country?..... (Yes or No) <sup>0</sup>  
If yes, name country.....

3. (a) PRINT FULL NAME SIDNEY M. FARLEY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1947 hour 3:30 minute 2 A.M.

21. I hereby certify that I attended the deceased from April 15  
1947, to April 21, 1947;  
that I last saw him alive on April 20, 1947;  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ALICE FARLEY

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased OCTOBER 13 1869  
(Month) (Day) (Year)

Immediate cause of death Myocardial degeneration (not rheumatic) <sup>5 yrs</sup>

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>8</u>	..... hr. .... min.

Due to.....

Due to.....

9. Birthplace HARLAN Co. Kentucky  
(City, town, or county) (State or foreign country)

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

10. Usual occupation GROGGER

11. Industry or business.....

12. Name TERMIAN FARLEY

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

14. Maiden name EMILY LANSDOWN

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: ang

Of operations.....

Of autopsy.....

16. (a) Informant Alice Farley

(b) Address Pierce City Mo.

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

(c) Place: burial or cremation Nepsho Mo. I.O.O.F. Cem.

18. (a) Signature of funeral director Corey Thompson  
(b) Address Nepsho Mo.

19. (a) Apr. 26-47 (b) Dora Mc Nott  
(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?

While at work?..... (Specify type of place) (a) Means of injury 0

23. Signature Frank Kern (M. D. or other) <sup>0</sup>  
Address Nepsho Mo. Date signed 4/29/47

RECEIVED

District Health Officer No. 8;

District File Number 547-520

Date Filed MAY 22 1947

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.