

LEF. NOV 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35689
Do not use this space.

1. PLACE OF DEATH *Green 2*
 (a) County *Green* Registration District No. *316*
 (b) Township *Springfield Mo* Primary Registration District No. *2001* Registered No. *757*
 (c) City *Springfield Mo* (d) Street No. *1511 East Florida* St.
 (e) Length of residence in city or town where death occurred *69* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Fred Thomas McFarland*
 (a) Residence, No. *1511 East Florida* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Mrs Lee McFarland*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 21 1869*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<input checked="" type="checkbox"/>	<i>69</i>	<i>1</i>	<i>12</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Carpenter*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mumfordsport Mo*

FATHER

13. NAME *George McFarland*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield Mo*

MOTHER

15. MAIDEN NAME *Mrs Lee Bryant*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carthage Mo*

17. INFORMANT (ADDRESS) *Mrs Fred C. Thieme Springfield Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hazelwood* DATE *Oct 16 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Fred C. Thieme Springfield Mo*

20. FILED *Oct 14 1938* *Chas. D. George* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 13 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 31 1938* to *Oct 13 1938*
 I last saw him alive on *Aug 31 1938* Death is said to have occurred on the date stated above, at *10:30* a.m.
 The principal cause of death and related causes of importance were as follows:
Diatetic Mel in
5
 Date of onset *1934*

Other contributory causes of importance:
Chronic Bronchitis

Name of operation *none* Date of *none*
 What test confirmed diagnosis *Urinal + Blood* Was there an autopsy *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* Date of injury 19.....
 Where did injury occur? *no* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*
 Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify (Signed) *W. J. Walsh* M. D.
 (Address) *Springfield Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.