

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

21133
Do not use this space.

1. PLACE OF DEATH U 1939
 (a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002 Registered No. 2401
 (c) City KANSAS CITY (d) Street No. MENORAH HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS ANNA JACKSON RAY Mc FARLAND
 (a) Residence, No. 3624 PASEO 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>DR. J. P. Mc FARLAND</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPTEMBER-13-1867</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>	
	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) <u>MARION COUNTY MISSOURI</u>		
FATHER	13. NAME <u>FIELDING RAY</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VIRGINIA</u>	
MOTHER	15. MAIDEN NAME <u>AMISSETTA HAYDEN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>	
17. INFORMANT <u>MR ERWIN J. Mc FARLAND</u> (ADDRESS) <u>3624 PASEO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BUTLER, MISSOURI</u> DATE <u>JUNE-12-1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY MISSOURI</u> <u>June 12, 39 M. M. Brown</u>		
20. FILED <u>June 12, 39 M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1939, to 6-10-1939
 I last saw her alive on 6-9-1939 Death is said to have occurred on the date stated above, at 6:47 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia - lower
Right lobe, upper left
lobe. Type not determined
 Other contributory causes of importance:
Chronic Tuberculosis
Right apex

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify no
 (Signed) A. Casper, M. D.
 (Address) 625 P. W. Bldg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50 M-1-12-38 I X14028

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.

Professional Body

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 *C. Hervey Gauseberry*

Licensed Embalmer No. *4070*

P. O. Address *K. C. 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, above space should be left blank.