Carlisle

REC'D SEP 21 1939

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

29907
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis — Registration District No. 668
(b) Township — Primary Registration District No. 3039 — Registered No. 253
(c) City Sedalia — (d) Street No. Bothwell 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 216 Harry McFarland
(a) Residence, No. Sedalia, Mo. Route #4 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edyth McFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 26, 1880

7. AGE: YEARS 58 — MONTHS 10 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Missouri

FATHER
13. NAME: Zachery T. McFarland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Joie Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Harry McFarland, Sedalia, Mo. Route # 4.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill — DATE: Aug. 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gillespie Funeral Home, Sedalia, Mo.

20. FILED Aug 17, 1939 Mrs Harry Sneed, Local Registrar. 8/16/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 15, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug 15 1939, 19
I last saw him alive on Aug 15, 1939. Death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Advanced Arteriosclerosis	?
Other contributory causes of importance:	
Chr Int Nephritis	?

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Name of operation: None — Date of
What test confirmed diagnosis? Findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ — 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? No
If so, specify
(Signed) Jno B. Carlisle M.D., M. D.
(Address) Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

ECEIVED
...ict Health Officer No. 8,
...e Number 9/7/39

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, L. E. Bouldin, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sidalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com... with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.