S. No. 2
-11-10-39
5-17-39
P I X21492

80

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19193

Registration District No. 668 Primary Registration District No. 4399 Registrar's No. 187

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Hughesville, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ---- 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether In this community 20 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis.

(c) City or town Hughesville. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Mrs. Annie Macfarlane. 216

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Campbell Macfarlane.

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

7. Birth date of deceased Oct. 23" (Month) (Day) 1861 (Year)

8. AGE: Years 78 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Boonville, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation At home. 0

11. Industry or business 0

FATHER
12. Name Alfred Slack.
13. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Nannie O'Bryan.
15. Birthplace Boonville, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. J. P. Glazier.

(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26"/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem. Boonville, Mo. 906

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville, Mo.

19. (a) 5-27-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25" year 1940 hour 1 minute 45 a. M.

21. I hereby certify that I attended the deceased from Feb 1, 1940 to May 25, 1940 that I last saw her alive on May 24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 Year
Due to arteriosclerosis	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy none made	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature W. T. Bishop (M. D. ~~or other~~) 1

Address Sedalia Date signed 5-26-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 6-14-40
Date Filed

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 G J Boller

Licensed Embalmer No. 3062

P. O. Address Brownville, Ma

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.