

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30969

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3532

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3031 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Yrs.
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Fred J. McFarland

3. (b) If veteran, name war No. 8. (c) Social Security No. No

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 2 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name James B. McFarland
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Houser
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. M. Thompson
(b) Address 4032 Troost Ave.

17. (a) Burial (b) Date thereof Sept. 9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) Sept. 9, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3031 Woodland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-6-40 day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9:06 AM to _____ 19 _____; that I was _____ alive on _____ 19 _____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Acute fulminant pericarditis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) GD

Major findings: Of operations _____
Of autopsy _____

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, or industrial place, in public place? _____

While at work _____ (Specify type of place) _____
23. Signature M. M. Brown (M. D. or other) _____
Address K.C. Mo. Date signed _____

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

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.