

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35646

NOV 20 1940

Registration District No. 439

Primary Registration District No. 4257

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Knott  
(b) City or town Baring  
(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 \_\_\_\_\_  
In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Frances McFarland  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Alexander McFarland 6. (c) Age of husband or wife if alive ✓ years \_\_\_\_\_  
7. Birth date of deceased Nov 15 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Knott County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name George Fink  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Ann Thaller  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Levine  
(b) Address Baring, Mo

17. (a) burial (b) Date thereof Oct. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Catholic Cem.

18. (a) Signature of funeral director Paul G. Krueger  
(b) Address Edina, Mo.

19. (a) Oct 19 1940 (b) Mrs. C. M. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knott  
(c) City or town Baring  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-17 1934 to 10-17 1940  
that I last saw her alive on 10-17 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine hemorrhage Duration 10-4-40

Due to Uterine fibroid 54 12 1-12-34

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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, in industrial place, in public place? 505  
315  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Fredrick Schmitt (M. D. or other) M.D.  
Address Edina, Mo Date signed 10-18-40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2178

Date Filed NOV 14 1940

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 Paul C. Krieghauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.