

FILED MAR 19 1941 470
Registration District No. _____

Primary Registration District No. 5633

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 82 days
(Specify whether _____)

In this community 82 days
(years, months or days)

3. (a) PRINT FULL NAME Charles Aubrey McFarland

3. (b) If veteran, name war No

3. (c) Social Security No. 186-12-2272

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Harris McFarland

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Sept. 17th 1909
(Month) (Day) (Year)

8. AGE: Years 31 Months 5 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter's Helper

11. Industry or business Building

12. Name J. A. McFarland

13. Birthplace Holt's Summit Missouri
(City, town, or county) (State or foreign country)

14. Maiden name E. J. Sanford

15. Birthplace Bagnell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof Feb. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico

18. (a) Signature of funeral director Charles Arnold

(b) Address Mexico 720

19. (a) 2-24-1941 (b) P. A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 422 West Love St
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd
year 1941 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from Dec. 14th
1940, to Feb. 23, 1941
that I last saw him alive on February 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About 2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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? 421

(Specify type of place) _____

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

28. Signature D. L. Coffman M. D. or other P.M.D.
Address Intervenor Hosp Date signed 2/24/41

Duration _____

PHYSICIAN _____

Underlines the cause to which death should be charged statistically.

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

500

RECEIVED
District Health Officer No. 6,
District File Number 341-381
Date Filed MAR 5 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.