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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18505

Registration District No. 1 A 3 Primary Registration District No. 4351 Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Morehouse 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Mc Farling

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Columbia McFarling

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. (Month) 29 (Day) 1856 (Year)

8. AGE: Years 85 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Kentucky / (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name Branson McFarling
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Harry McFarling
(b) Address Memphis, Tenn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 9 (Day) 1941 (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H J Welsh
(b) Address Sikeston, Mo.

19. (a) (Date received local registrar) (b) / (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1941 hour 7 minute 7:00 A.M.

21. I hereby certify that I attended the deceased from him May 7 1941 to May 8 1941;
that I last saw him alive on May 8 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83	

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?
536 (Specify type of place)
While at work? (e) Means of injury

23. Signature C. M. Farno M.D. (M. D. or other) M.D.
Address Morehouse, Mo. Date signed 5-14-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number 641-
Date Filed 6/9/

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 H J Welsh

Licensed Embalmer No. 774

P. O. Address Sikeston

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

If this body is not embalmed, fact should be so stated above.

2B
25-41
K27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18505

Registration District No. 603 Primary Registration District No. 4357 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Marehouse
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Mc Farling
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 86 Months 2 Days 9 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Aug 9. 1941 (Date received local registrar) (b) Mrs John Farrer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. M. Sarno (M. D. or other)
Address Marehouse Mo Date signed

S-18505 1941