

Registration District No. 690

Primary Registration District No. 589.3

Registrar's No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sedalia R.F.D. # 4
(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)

3. (a) PRINT Green Ludson McFarland
FULL NAME

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 7 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stockman & Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Commandore McFarland
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Combs
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.E. Fichter
(b) Address Hughesville, Mo. RFD # 2.

17. (a) Burial (b) Date thereof Nov. 1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem
18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.
(b) Address

19. (a) Nov. 1-1941 (b) Flossie Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sedalia RFD # 4.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 1940
Oct. 30, 1941
that I last saw him alive on October 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: terminal stage of paralysis
agitation.

Due to arterio-sclerosis, general
and marked.

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

Major findings: Of operations No operation
Of autopsy No 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) No accident
suicide of homicide
(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?
No injury.

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

23. Signature Trader M.D.
Address Sedalia Mo. Date signed 11/1/41

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

80000

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..... *L. E. Boicelin*

Licensed Embalmer No. *3867*

P. O. Address..... *Seclusion 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, fact should be so stated above.