

FILED MAR 3 1942

Registration District No. 172

Primary Registration District No. 4463

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins, Mo.
(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 Life Time
years, months or days

3. (a) PRINT FULL NAME Luther Pears McFarland

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 married

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

7. Birth date of deceased: August 29 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 12 hr. min.

9. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James McFarland
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Taylor
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Charles McFarland

(b) Address Elvins, Missouri

17. (a) Burial (b) Date thereof 1/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run Pendleton Cem

18. (a) Signature of funeral director Sparks Und. Co.

(b) Address Elvins, Missouri

19. (a) 1-29-42 (b) Burdie S. Bahmerton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Elvins, Missouri
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1942 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from, Feb 8 - 1939
_____ 19____, to Jan 11 1942

that I last saw him alive on Jan 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: 930
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?

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

23. Signature C. H. [Signature] (M. D. or other) MD

Address Flour River MO Date signed 1/13/42

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

RECORDED

District Health Officer No. 4
District File Number 242-280
Date Filed 2-12-42

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 Edward Sparker

Licensed Embalmer No. 2639

P. O. Address Elvis 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.