

Registration District No. 581

Primary Registration District No. 4343

State File No.

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
522 Second St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 7 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. 522 Second St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Marion Mc Farland

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased September 2 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 2 hr. min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name Easton Mc Farland

13. Birthplace R.K. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susan B. Cassidy

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

16. (a) Informant John Mc Farland

(b) Address Monroe City, Mo

17. (a) Burial (b) Date thereof 2/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Junes, Monroe City

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo

19. (a) March 6-1942 (b) Otis H. Hedberg
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 4th
year 1942 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from March 4, 1942, to March 4, 1942 that I last saw him alive on March 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to ARTERIO-SCLEROSIS 10 yrs

PERNICIOUS ANEMIA 1 yr

Other conditions PERNICIOUS ANEMIA 1 yr
(Include pregnancy within 3 months of death)

Major findings: 8301
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)
(c) Means of injury _____

23. Signature John J. Hibbs (M. D. or other)
Address Monroe City, Mo Date signed 3/5/42

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

69
1
0

069
1
0

Duration
SUDDEN
Death.
10 yrs
1 yr
1 yr
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED

District Health Officer No. 10

District File Number 7-13-728

Date Filed APR 13 1942

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 By me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Leslie L. Wilson

Licensed Embalmer No. 3017

P. O. Address

Memphis, 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.