

FILED JUN 12 1942
765

Registration District No. **765**

Primary Registration District No. **6266**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola
(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 One day

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Osceola Mo Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles S. McFarland

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 3 minute _____ A.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.

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

6. (b) Name of husband or wife Claudene McFarland 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased: April 21 1905
(Month) (Day) (Year)

Immediate cause of death Drowning.

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>1</u>	<u>9</u>	_____ hr. _____ min.

He was fishing, operating a motor boat, when boat turned over and was unable to swim to shore.

9. Birthplace Barber Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Regulator- Gas Company

11. Industry or business _____

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

MOTHER FATHER { 12. Name Herman McFarland

13. Birthplace Iowa (City, town, or county) (State or foreign country)

14. Maiden name Gerty Bradley

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Claudene McFarland
(b) Address Independence Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-30-42
(Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo.

18. (a) Signature of funeral director Tom Hurst
(b) Address Deepwater Missouri

19. (a) June 4-42 (Date received local registrar) (b) Dorothy Georgens (Registrar's signature)

22. If death was due to external causes, fill in the following: 093

(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 Harriet B. Good (M. Death) _____
Address Independence Mo Date signed 6/30/42

1102

Harriet B. Good
Independence Mo

NOV 29 1942

RECEIVED

District Health Officer No. 7,

District File Number 6-42-637

Date Filed 6-11-42

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

Tom Hurst

Licensed Embalmer No. 2782

P. O. Address Deepwater, TN

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.