

FILED AUG 19 1942
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3038

48
 839

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community unknown, as he lived in KC & Tulsa also
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Johnson 999
 (c) City or town Kansas City 14
(If outside city or town limits, write "RURAL") 0
 (d) Street No. 57 Shawnee Road
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X 2

3. (a) PRINT FULL NAME Robert M. McFarlin
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 11th
 year 1942 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, 2nd widowed
 6. (b) Name of husband or wife Ida May Bernard McFarlin 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased: July 27 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10, 1942, to Aug 11, 1942
 that I last saw him alive on Aug 11, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 0 14 15 hr. _____ min.

Immediate cause of death Chronic Uremia 4 days Duration
(Anuria) Cerebral thrombosis & da
arterio-sclerosis with many years
 Due to myocardial insufficiency
 Due to Chronic liver 15 years

9. Birthplace Texas 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

Other conditions Chronic Parosia 15 years
(Include pregnancy within 3 months of death)

11. Industry or business Oil Man and Banker
 12. Name B. P. McFarlin
 13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline McKnight
 15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

Major findings: 309
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Charles W. Moll
 (b) Address 57th & Shawnee Mission Rd., K.C., Kas
 17. (a) Removal (b) Date thereof 8-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oklahoma City, Oklahoma
 18. (a) Signature of funeral director Stine & McClure
3235 Gillham Plaza, K. C. Mo.
 (b) Address
 19. (a) 8-12-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 P. Sophan (M. D. or other) 0
 Address 1405 Bryant Bldg Date signed Aug 17

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Dr. Lophman
Bryant's Bldg.
Broad & Meridian
Ave. -
B-30
A. M. West.

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.

Signature

[Handwritten Signature]
Licensed Embalmer No. 1415
P. O. Address Fr. C. M. S.

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.