

FILED OCT 14 1942

Registration District No. 170

Primary Registration District No. 5635

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town PHILLIPSBURG
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Phillipsburg
(If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA ELMINA M^c FARLAND

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife B. F. M^c Farland 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>2</u>	hr. _____ min.

9. Birthplace Phillipsburg mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Cassey

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

14. Maiden name Allen M^c Adoo

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

16. (a) Informant B. F. M^c Farland

(b) Address Phillipsburg mo

17. (a) Burial (b) Date thereof Aug. 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon mo

19. (a) Sept 25-42 (b) Grace Roper
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw her alive on July, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____
Of 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) _____

(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 C

23. Signature E. J. Taylor (M. D. or other) _____

Address _____ Date signed _____

RECEIVED

State Health Dept.
District Health Officer No. _____

File Number *10-42-143*

Date Filed *10-9-42*

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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, 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.