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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39036

State File No. 10656

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Missouri Pacific Hospital 0
(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 St. Louis 96

(c) City or town University City 5 NR.
(If outside city or town limits, write "RURAL")

(d) Street No. 6820 Delmar Blv'd.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME JENNIE V. McFARLAND

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white 1

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Horace E. McFarland

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

7. Birth date of deceased March (Month) 16 (Day) 1864 (Year)

8. AGE: Years 78 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James H. Lowrey.
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name Mary Catherine.
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Robert J. McFarland,
(b) Address 6820 Delmar Blv'd., U. City

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-22-42. (Month) (Day) (Year)
(c) Place: burial or cremation Junction City, Kansas.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) DEC 21 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 21st
year 1942 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from December 3, 1942 to December 21, 1942
that I last saw her alive on Dec 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Caecum	1 Month
Intestinal Obstruction	
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Inoperable Carcinoma of Caecum
Of autopsy None

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

23. Signature J. A. Lembeck (M.D. or other) M.D.
Address 6024 Grand Date signed 12-21-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph A. Lambeck
University Club Bldg.
JE-6088
1-3 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.