

FILED DEC 28 1942 j49  
Registration District No.

Primary Registration District No. 1002

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:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
5 Days

(d) Length of stay: In hospital or institution 5 Days (Specify whether  
In this community 5 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Berry

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT Phyllis Jean McFarlin  
FULL NAME

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife. \*\*\*\*\* 6. (c) Age of husband or wife if alive \*\* years

7. Birth date of deceased. August 5 1925  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

17	4	8	hr. min.
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9. Birthplace. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. High School Girl

11. Industry or business.

12. Name. John Thomas McFarlin

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

14. Maiden name. Jemima Eidson

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

16. (a) Informant. Mrs. Jemima McFarlin

(b) Address. Cassville Missouri

17. (a) Burial (b) Date thereof. 12-15-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Cassville, Missouri

18. (a) Signature of funeral director. Mrs. C. L. Forster  
Kansas City, Missouri

(b) Address. \_\_\_\_\_

19. (a) 12/13/42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13  
year 1942 hour 3 minute 90 A. M.

21. I hereby certify that I attended the deceased from December 9, 1942 to December 13, 1942  
that I last saw her alive on December 13, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Uremic Poison

Due to supplaid disease of kidney

Due to 1213

Other conditions. Attempted by sacro-lumbar  
(Include pregnancy within 3 months of death)

Major findings: kidney  
of operations.

Of autopsy supplaid disease of kidney

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 0

23. Signature P. E. Forbes (M. D. \_\_\_\_\_)  
Address St. Lukes Hospital Date signed 12-13-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Theron A. Redmon  
Licensed Embalmer No. 2937  
P. O. Address H. P. Moore

**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.**