

FILED MAY 15 1945

Registration District No. 3

Primary Registration District No. 3066

Registrar's No. 1124

1. PLACE OF DEATH

(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
122 E. Jefferson Ave
(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 Mo (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 122 E. Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John L. McFarland

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hannie Lewis McFarland

6. (c) Age of husband or wife if live 82 years

7. Birth date of deceased April 26 1851
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired R. R. Clerk

11. Industry or business

12. Name John McFarland

13. Birthplace Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Thomas

15. Birthplace Ind 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie McFarland

(b) Address 122 E. Jefferson, Kirkwood

17. (a) Burial (b) Date thereof 5-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation By Soto Mo

18. (a) Signature of funeral director Harris H. Bopp Inc

(b) Address Kirkwood, Mo

19. (a) MAY 12 1945 (b) E. L. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 8, 1935 to May 10, 1943
that I last saw him alive on May 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic peritonitis

Duration

30 days

Due to _____

Due to _____

Other conditions Injury and trauma
(Include pregnancy within 3 months of death)

3 yrs.

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 _____

23. Signature [Signature] (M. D. or other) Mc D.
Address 122 E. Jefferson Date signed 5-11-43

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

36
4
3

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.....

Licensed Embalmer No.....

P. O. Address.....

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.