No. 2
5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18519

FILED JUN 14 1943

Registration District No. 2164

Primary Registration District No. 5834, 5835.

Registrar's No. 14.

1. PLACE OF DEATH:

(a) County Newton Co;

(b) City or town Joplin Route 2; (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 1 year; years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Route 2, Joplin Mo; (If outside city or town limits, write "RURAL")

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

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

If yes, name country No

3. (a) PRINT FULL NAME George MC-Farland

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

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 Aug. 21, 1931; (Month) (Day) (Year)

8. AGE: Years 11 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Turtle Lake Wis; (City, town, or county) / (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Ervin MC-Farland
13. Birthplace Kansas; (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Minnie Minks
15. Birthplace Ill; (City, town, or county) / (State or foreign country)

16. (a) Informant Ervin McFarland.

(b) Address R. 2, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Saginaw Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) May 6th 1943, (Date received local registrar) (b) Mrs. U. S. Chapman. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, 4, day 1943 year hour 6-45 P.M. minute M.

21. I hereby certify that I attended the deceased from May 4, 1943 to May 4, 1943 that I last saw him alive on May 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Encephalitis (Etiology Undetermined	5 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

80 L

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? Farm-Home (Specify type of place)

While at work? No (e) Means of injury

23. Signature Mervin H Black (M. D. ~~or other~~)

Address Frisco Bldg Joplin, Mo Date signed 5/5/43

1315 (Licensed Embalmer's Statement on Reverse Side)

Date Received JUN 7 1943
File No. 643-114

JUN 10 1943

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 Perry K. Hurlburt

Licensed Embalmer No. 959

P. O. Address Joplin 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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 244 Primary Registration District No. 5835 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Joplin R. F. D. 2 Shoal Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Route #2 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Shoal Township.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George McFarland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 21 1928
(Month) (Day) (Year)

8. AGE: Years 11 Months 8 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-18519