S. No. 2
M—5-42
5-17-39
I 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. 20770

FILED JUL 13 1943

Registration District No. 1307

Primary Registration District No. 3005

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 3 So High Street 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 Bates 7

(c) City or town Butler 1
(If outside city or town limits, write "RURAL")

(d) Street No. 3 S High 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Ellen McFarland

3. (b) If veteran, name war —

3. (c) Social Security No. .....

4. Sex Female 4

5. Color or race White

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

6. (b) Name of husband or wife N B McFarland Dec

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

7. Birth date of deceased October (Month) 2 (Day) 1860 (Year)

8. AGE: Years 82 Months 8 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name Evan P Mills
13. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Mary S Morris
15. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs Sam Cobb

(b) Address Foster Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culvers

(b) Address Butler Mo

19. (a) June 16, 1943 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 11 minute 45 A M.

21. I hereby certify that I attended the deceased from Jan 10 1934, to June 15 1943; that I last saw her alive on June 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to .....

Due to .....

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

131 b

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 L D La Hue (M. D. or other) MD

Address Butler Mo Date signed 6-15-43

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-43-696
Date Filed 7-12-43

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 G. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butler 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.