

FILED SEP 28 1943

1002

3919

Registration District No. 777

Primary Registration District No. _____

Registrar's No. _____

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: Research
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Months
 (Specify whether
 In this community 45 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1527 E. 10th Terrace
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES E. McFARLAND
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 13
 year 1943 hour 1 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Minnie
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased July 21, 1868
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 30
1942 to Sept 12 1943
 that I last saw him alive on Sept 12 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>21</u>	hr. _____ min.

Immediate cause of death Myocardial Exhaustion Chronic
Carcinoma Prostate
Grade III Bleeding Hemorrhage
 Due to _____
 Due to _____

9. Birthplace Ky. (City, town, or county) (State or foreign country)
 10. Usual occupation Police Officer
 11. Industry or business K. C. Police Department
 12. Name Unknown
 13. Birthplace Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Mary Durham
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Trans. Uter. Pt. Resect. 1/4/3
 Major findings: Tumor Bl. Aden. Ref.
 Of operations _____
 Of autopsy None

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

16. (a) Informant Mrs. Maude Wetsel
 (b) Address 1527 E. 10th Terr.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14
 (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cemetery
 18. (a) Signature of funeral director C. H. Blackman & Son,
Kansas City, Mo.
 (b) Address _____
 19. (a) 9-13-43 (Date received local registrar)
 (b) J. E. Brown, Dep. (Registrar's signature)

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) _____
 (e) Means of injury _____
 23. Signature [Signature] (M.D. or other)
 Address 1019 Poy Fide Date signed 9/24/43

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

MOTHER FATHER

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.