

FILED MAR 9 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 997

1. PLACE OF DEATH:

(a) County JACSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6622 OLIVE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community 18 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 38
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 6622 OLIVE STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MR CALEB M. McFARLAND

3. (b) If veteran, No name war. 3. (c) Social Security No 510-05-9114

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife MRS. GERTRUDE McFARLAND 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased. MARCH 21 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 11 7 hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business L. C. PENSINGER & SON

12. Name JOHN B. McFARLAND

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

14. Maiden name ALLIE MOORE

15. Birthplace NEW HARTFORD MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caleb McFarland
(b) Address 6622 Olive

17. (a) BURIAL (b) Date thereof MAR 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. E. Brown
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-2-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28TH
year 1944 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from
1944 to 1944
that I last saw him as Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumococcal meningitis

Due to
Due to

Other conditions. glw
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See Above

Duration
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) or means of injury.
23. Signature D. E. Brown (M. D. or other)
Address 22 Mc Coy Date signed 3/1/44

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P.O. Address KC 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.