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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27540

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Lathrop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 78 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County CLINTON. 25
(c) City or town LATHROP 2
(If outside city or town limits, write "RURAL") 1
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa May McFarland
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 4 (Day) 1860 (Year)

8. AGE: Years 84 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Perry (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name James H. Chenoweth.
13. Birthplace Perry (City, town, or county) Ill. 1 (State or foreign country)
MOTHER
14. Maiden name Arthemecia C. Johnston.
15. Birthplace Perry (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant D. R. Chenoweth
(b) Address Lathrop Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lathrop Mo.
18. (a) Signature of funeral director DeMoss Crunk.
(b) Address Lathrop Mo
19. (a) Aug 24, 1944 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Aug. year 1944 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 12, 1941, to Aug 23, 1944; that I last saw her alive on Aug 23, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Chronic Myocarditis	
Due to	
Other conditions Arthritis deformans (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Old age

93d

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 Henry W. Perry (M.D. or other) D.O.
Address Lathrop Mo Date signed 8/25/44

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(Licensed Embalmer's Statement on Reverse Side)

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: Lee Moss Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.