

FILED JAN 31 1946  
Registration District No.

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 933 West 33rd Terrace  
(d) Length of stay: In hospital or institution 66 years  
In this community 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 933 West 33rd Terrace  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Walton Elliott McFarland, Sr.

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 Married  
6. (b) Name of husband or wife Minerva Price McFarland 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased December 9 1868

8. AGE: Years 76 Months 7 Days 26 If less than one day 27 hr. 0 min.

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

10. Usual occupation Grocer

11. Industry or business x

MOTHER FATHER { 12. Name Alfred McFarland  
13. Birthplace unknown  
14. Maiden name Ruth Ann Quick  
15. Birthplace unknown

16. (a) Informant Mrs. Minerva Price McFarland

(b) Address 933 W. 33rd Ter., Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-7-46  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-7-46 (b) W. E. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th year 1946 hour 4:10 minute — A. M.

21. I hereby certify that I attended the deceased from 1940 to 1/5/46 that I last saw him alive on 12/31/45 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 933

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury

23. Signature W. E. Holmes (M. D. or other) Address 1401 W. W. Ave. Date signed 1/5/46

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

1109

1451  
30.05.1961

Dr. J. W. Young.

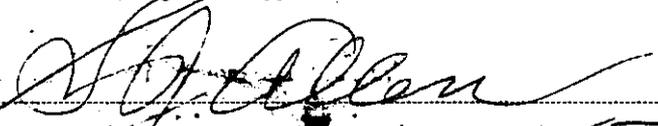
**STATEMENT BY LICENSED EMBALMER**

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. 1415

P. O. Address. J. W. Young

**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.