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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3829

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 67

1. PLACE OF DEATH:
(a) County ~~Sullivan~~ Adair County
(b) City or town Kirksville ~~Pennville~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 da. (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105
(a) State Mo (b) County Sullivan
(c) City or town Pennville (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Nettie Frances McFarland

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ ~~divorced~~
6. (b) Name of husband or wife James McFarland
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 8 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	10	14	hr. min.

9. Birthplace Pennville (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Braden
13. Birthplace (City, town, or county) Ill. (State or foreign country) 1
MOTHER
14. Maiden name Amelda Coghill
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Clarence Cunningham
(b) Address Pennville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Burnett Cem.
18. (a) Signature of funeral director Glenn Ettent & Son
(b) Address Green City Mo.
19. (a) 3-1-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature) 1

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 2 day 23 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 2-17, 1948 to 2-22, 1948 that I last saw her alive on 2-22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia (NPN 120 mg) — Duration
Due to Renal failure
Due to — 132
Other conditions — (Include pregnancy within 3 months of death)
Milton T. English MD
Major findings:
Of operations —
Of autopsy —

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 0

23. Signature Milton T. English (M. D. or other) M.D.
Address 201 E. Patterson St. Kirksville, Mo. Date signed 2-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 3-48-40
MAR 8 1948
Date Filed

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Purdin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.