No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4532
Registrar's No. 186

39

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 730 East Monroe 730 East Monroe (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 75 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield, Mo. 2 (If outside city or town limits, write "RURAL")
(d) Street No. 730 East Monroe 6 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA ELIZABETH McFARLAND
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex FEMALE
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas P. McFarland
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased December (Month) 10 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	17	hr. min.

9. Birthplace Linn, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business none
FATHER
12. Name Charles Hoag
13. Birthplace ? (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name ? Nearing
15. Birthplace ? (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant Dean McFarland
(b) Address Springfield, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Mo.
19. (a) 2-28-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1948 hour 9 minute 55 P.M.
21. I hereby certify that I attended the deceased from February 25, 1948, to February 26, 1948; that I last saw her alive on February 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Infarction	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Kenneth C. Coffee (M. D. or other) M.D.
Address Springfield, Mo. Date signed 2-28-48

Jefferson City Printing Co. (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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed Jewell E. Mendle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.