

No. 2
M-5-43
7. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8348**
Registrar's No. **13**

Registration District No. **109** Primary Registration District No. **5424**

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

1. PLACE OF DEATH:

(a) County Dunklin Union

(b) City or town Campbell R. 2, Sup

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell R.R. 2 35
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 11
If yes, name country _____

3. (a) PRINT FULL NAME Emma McFarlin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1948 hour _____ minute 8:00 A.M.

21. I hereby certify that I attended the deceased from Dec. 6th 1947, to March 11th 1948
that I last saw her alive on March 11th 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. H. McFarlin

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 9 1881
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the uterine cervix

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature Wallace Selmon (M. D. or other) MD
Address Campbell Mo. Date signed 3/15/48

8. AGE: Years Months Days If less than one day

67 10 2 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Gammons

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. McFarlin

(b) Address Campbell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-48
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Moberly, Mo.

18. (a) Signature of funeral director Andrew Funeral Home

(b) Address Campbell Missouri

19. (a) 4-1-48 (Date received local registrar) (b) BEULAH CAMPBELL (Registrar's signature) ga

RECEIVED.

District Health Office No. 2,

District File Number 348-412

Date Filed 3-31-48

APR 1 1948

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.