

Registration District No. 160

Primary Registration District No. 3029

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

1. PLACE OF DEATH:
 (a) County JEFFERSON
 (b) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
NONE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County JEFFERSON
 (c) City or town CRYSTAL CITY MO 570
(If outside city or town limits, write "RURAL.")
 (d) Street No. 1101 TAYLOR
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN McFARLAND
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 17
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from
1/12/48, 19____, to 1/14, 1948
 that I last saw him alive on 1/13, 1948
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife FREDIA McFARLAND 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased JULY 23 1900
(Month) (Day) (Year)

Immediate cause of death
Rheumatic Heart disease
E exhaustion
 Duration 15 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>5</u>	<u>11</u>	hr. _____ min.

Due to _____
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace GIMBO MO
(City, town, or county) (State or foreign country)
 10. Usual occupation RETIRED SEAMAN

Major findings:
 Of operations None
 Of autopsy None
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business NAVY
 12. Names SAMUAL McFARLAND
 13. Birthplace DELAWARE MO
(City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH HENDRELL
 15. Birthplace CHARLESTON MO
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant FREDIA McFARLAND
 (b) Address 1101 TAYLOR CRYSTAL CITY
 17. (a) BURIAL (b) Date thereof JAN 17 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation PARKVIEW FARMINGTON MO
 18. (a) Signature of funeral director Bert L. Boyer
 (b) Address Leadwood MO
 19. (a) Jan 21, 1948 (b) Olson Belleville
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (e) Means of injury Ⓟ
 23. Signature Dr. E. E. ... (M. D. or other) Med
 Address Peru, Mo Date signed 1/13/48

Date Filed MAR 18 1948
District File Number
District Health Officer No. 9
RECEIVED

MAR 19 1948

APR 28 1948

APR 14 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 Bert L. Boyal
Licensed Embalmer No. 34450
P. O. Address Leadwood 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.