

No. 300
-10-47
-17-39
-I 3906

FILED JUN 29 1948

Registration District No. 376

Primary Registration District No. 6074

Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
(b) City or town LEADWOOD, MO.
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. ST. FRANCOIS
(c) City or town LEADWOOD 7-1
(If outside city or town limits, write "RURAL") 17
(d) Street No. NONE 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT ELIZABETH JANE McFARLAND
FULL NAME

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SAMUEL McFARLAND 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 11 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 28 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name DANIEL KENDALL
13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MELISSA WADLEY
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant GENEVA RICE
(b) Address LEADWOOD, MO.

17. (a) Burial (b) Date thereof June 12 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARKVIEW FARMINGTON

18. (a) Signature of funeral director Boyd E. Boyer

(b) Address Leadwood Mo.

19. (a) 6-22-48 (b) Ether Kullhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9
year 1948 hour 8 AM minute _____ M.
21. I hereby certify that I attended the deceased from Feb 4
1948 to June 9 1948
that I last saw her alive on June 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to Hypertension
Cardiovascular
Due to aneur
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy B/W

Duration _____
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 _____ (g) Means of injury _____
23. Signature John W. Hunt (M. D. or other) M.D.
Address Leadwood Mo. Date signed 6/14/48

RECEIVED

District Health Officer No. 4
District File Number 648-8
Date Filed 6-28-4

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. Boyer

Licensed Embalmer No.

3445

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.