S. No. 300
M—10-47
v. 5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27449

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 289

1. PLACE OF DEATH:
(a) County ST. FRANCOIS
(b) City or town LEADWOOD
(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 years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. FRANCOIS
(c) City or town LEADWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME EMMA Mc FARLAND
3. (b) If veteran, name war —
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLIS Mc FARLAND
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased DEC. (Month) 15 (Day) 1870 (Year)

8. AGE: Years 77 Months 8 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace PERRY CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —

MOTHER FATHER
12. Name ALEXANDER FRENCH
13. Birthplace LOUISVILLE (City, town, or county) KENTUCKY (State or foreign country)
14. Maiden name JANE SHAW
15. Birthplace PERRY CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant ELLIS Mc FARLAND
(b) Address LEAD WOOD, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. FRANCOIS MEMORIAL
18. (a) Signature of funeral director Ben L. Boyer
(b) Address Leadwood MO
19. (a) 9-4-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1948 hour 11 minute A.M.
21. I hereby certify that I attended the deceased from May 3, 1948, to Sept 3, 1948, that I last saw her alive on Sept 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic cardiovascular renal disease — Duration

Due to —

Due to —

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

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 —

23. Signature John W. Hunt M.D. (M. D. or other)
Address Leadwood Mo. Date signed 9/3/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-113

Date Filed 9-7-48

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 Burl 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.