

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

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. P. H. ...  
State File No. 39843  
Registrar's No. 1074A

FILED DEC 20 1948

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH: GREEN  
(a) County: Springfield  
(b) City or town: Springfield  
(c) Name of hospital or institution: Burge Hospital  
(d) Length of stay: 10 days  
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Webster  
(c) City or town: Marshfield  
(d) Street No.: X  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Patrick O'Farrell  
3. (b) If veteran, name war: X  
3. (c) Social Security No.: X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 8th  
year 1948 hour 9 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 11-28-1948 to 12-8-1948  
that I last saw him alive on 12-8-48

4. Sex: m  
5. Color or race: WHITE  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife: Kate O'Farrell  
6. (c) Age of husband or wife if alive: X years  
7. Birth date of deceased: April-8-1862

Immediate cause of death: cardiac insufficiency  
Duration: mos.  
Due to: generalized arterio-sclerosis yrs.

8. AGE: Years 86, Months 7, Days 29  
If less than one day: X hr. X min.

Other conditions: Prostatic hypertrophy with urinary retention yrs.  
Major findings: Of operations: same  
Of autopsy: same  
PHYSICIAN

9. Birthplace: Millersville, Ohio  
10. Usual occupation: Farmer  
11. Industry or business: Farm

MOTHER FATHER  
12. Name: Jacob O'Farrell  
13. Birthplace: Unknown  
14. Maiden name: Bridget  
15. Birthplace: Unknown

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant: Jess Graves  
(b) Address: Marshfield, Missouri  
17. (a) Burial, cremation, or removal: Marshfield, Mo.  
(b) Date thereof: 12-10-48  
(c) Place: burial or cremation: Marshfield, Mo.  
18. (a) Signature of funeral director: Jess Graves  
(b) Address: Marshfield, Missouri  
19. (a) Date received local registrar: 12-14-48  
(b) Registrar's signature: W. S. Handley M.D.

23. Signature: [Signature]  
Address: 432 Medical Arts Bldg. Date signed: 12-13-48

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**