

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40473

FILED JAN 13 1949

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 418

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner Ft. O'Sage Twp	
c. LENGTH OF STAY (in this place) 3 1/2 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION his own home		d. STREET ADDRESS (If rural, give location) Central Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) McFarland c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1948		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6 1865	9. AGE (In years last birthday) 83	10. MONTHS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lancaster New York	12. CITIZENSHIP OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ruben McFarland		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Mrs. Meda Howell McFarland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Meda Howell McFarland Buckner	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 93N	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Regeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948 to 12-31--, 1948, that I last saw the deceased alive on 12-31, 1948, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Weisler D.O.	23b. ADDRESS Buckner Missouri	23c. DATE SIGNED 12-31-48
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3. 49	24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cem
		24d. LOCATION (City, town, or county) (State) Buckner Missouri

DATE REC'D BY LOCAL REG. 1/2/49	REGISTRAR'S SIGNATURE James A. [Signature] 354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vernon M. [Signature] Buckner Mo
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JAN 23 1964

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Vernon H. Reppert

Licensed Embalmer No. 14311

P. O. Address Buckner 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.