Health, Welfare Public Service

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1-57

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021196
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2935

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospital #2 — Length of stay in 1b: 10 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3101 Park — Reside on Farm Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print): First BISHOP Middle Last McFARLAND

4. DATE OF DEATH Month June Day 21 Year 57

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH 2-17-1895

9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10b. KIND OF BUSINESS OR INDUSTRY Broadway Grill

11. BIRTHPLACE (City and state or country) Water Valley, Miss.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Ben McFarland

13b. MOTHER'S MAIDEN NAME Malenda Bell

14. NAME OF HUSBAND OR WIFE Alice McFarland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 513-09-0954

17. INFORMANT Jewel Boykin, niece — Address 3101 Park

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Lobar pneumonia right middle and lower lobe, organism undetermined.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 490X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-20-57 to 6-21-57 and last saw her/him alive on 6-21-57
Death occurred at 5:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. R. Peterson (Degree or title) MD

22b. ADDRESS 600 E. 22nd St.

22c. DATE SIGNED 6-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6/24/1957

23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemettery

23d. LOCATION (City, town, or county) Kansas City, Kansas (State)

24. FUNERAL DIRECTOR Mrs. J. W. Jones — ADDRESS 440 state ave Kans.

25. DATE RECD. BY LOCAL REG. 6-24-57

26. REGISTRAR'S SIGNATURE Alva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

W.R. Peterson

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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 ..... Signed Eugene English

Signature of Student Embalmer

Licensed Embalmer No. 4107

P. O. Address 4 Cfd Stant

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.