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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18966

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 980

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

96
0
0

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Kinloch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lyons St. nr. Carson Rd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Kinloch 0
(If outside city or town limits, write "RURAL")

(d) Street No. Lyons St., Nr., Carson Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MACK FARLAND

3. (b) If veteran, name war

3. (c) Social Security No. 488-12-7791

4. Sex Male 9

5. Color or race Col.

6. (a) Single, widowed, married, divorced 9 widowed

6. (b) Name of husband or wife Caroline Farland

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Oct (Month) 18 (Day) 1885 (Year)

8. AGE: Years 55 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Pine Parish (City, town, or county) / La (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Wade Farland
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Unkn
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lucy Robinson
(b) Address Lyons nr Carson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/ (Month) 10/41 (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Bros.
(b) Address Dix Ave Kinloch Mo.

19. (a) MAY 9 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dr PH (Registrar's signature)

B.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1941 hour 6 minute a M.

21. I hereby certify that I attended the deceased from April 25, 19__, to May-6, 1941; that I last saw him alive on May-5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Rheumatism

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 3 A
Of autopsy

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? (e) Means of injury

23. Signature James A. Rooney (M. D. or other) MD
Address Oakridge Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RM

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ar

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.