

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15573

State File No. _____

FILED MAY 27 1946

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
LAUREL HOSPITAL - KIRKSVILLE - MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community All her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR

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

(d) Street No. 705 WEST PORTER
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME SALLIE LOUISE McFARLAND

3. (b) If veteran, name war _____

3. (c) Social Security No. None

20. DATE OF DEATH: Month APRIL day 10th
year 1946 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept 24 1942
(Month) (Day) (Year)

Immediate cause of death _____

TRUCK OVER BY TRUCK-LOADED WITH SAND - TRUCK DRIVEN BY FATHER LIVED ABOUT 2 HRS AFTER ACCIDENT

Due to _____

Due to _____

AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>6</u>	<u>16</u>	_____ hr. _____ min.

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

Major findings: _____

Of operations _____

Of autopsy _____

9. Birthplace Kirkville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Sally McFarland

13. Birthplace Adair Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Betty Miller

15. Birthplace Kirkville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Betty McFarland

(b) Address Kirkville, Mo

17. (a) Burial (b) Date thereof 4/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell Cemetery

18. (a) Signature of funeral director Dr. E. Riley

(b) Address Kirkville Mo

19. (a) 4-15-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT

(b) Date of occurrence APRIL 10, 1946

(c) Where did injury occur? WEST OF CITY LIMITS - KIRKSVILLE - MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
AT SAND PIT WEST OF KIRKSVILLE.
(Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature Foster R. Eason
(M.D. or other) _____

Address Beaton, Mo. Date signed 4-11-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District File Number No. 10

District File Number 5-46-~~103~~99

Date Filed MAY-23-1946

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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Winkumple 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.