

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16893  
16

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>R#2 New London</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>R#2 New London</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eggar</u>		b. (Middle) <u>Hayes</u>	
c. (Last) <u>McFarland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1885</u>
9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	11. IF UNDER 18 HRS. Hours <u>13</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS/ OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Ralls Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abe McFarland</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Hayes</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna McFarland</u>		ADDRESS <u>R#2 New London MO</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch Impressionitis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>C of Lung</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 <u>Jan 1</u> , 19 <u>49</u> , to <u>May 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>49</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. C. Reulman M.D.</u>		23b. ADDRESS <u>1001 Poling Normal Hill</u>	
23c. DATE SIGNED <u>5/11/49</u>			
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-9-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>	
DATE REC'D BY LOCAL REG <u>May 16, 1949</u>		REGISTRAR'S SIGNATURE <u>H. J. Waters</u> 268	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		ADDRESS <u>Hannibal MO</u>	

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

RECEIVED

District Health Officer No. 1

District File Number 5490

Date Filed MAY 23 1949

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.

Signed Michael J. O'Connell

Signed.....  
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.