

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
FILED JUL 14 1949 STANDARD CERTIFICATE OF DEATH

State File No. 22357

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>unknow</u>	
c. LENGTH OF STAY (In this place) <u>3</u>		d. STREET ADDRESS (If rural, give location) <u>Highway # 71-6 mi. S. Nevada</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>A.</u> c. (Last) <u>McFarland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 4 - 49</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug 10 1919</u>	9. AGE (In years last birthday) <u>30</u>	Months <u>10</u>	Days <u>23</u>	IF ORDER IN HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Business</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis County, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>C. J. McFarland</u>	13b. MOTHER'S MAIDEN NAME <u>Ada V. McMullen</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>499-16-6859</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. E. Baker, Sedalia, MO.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>punctured Jugular vein</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed skull</u> DUE TO (c) <u>Internal Injuries</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Death Instantly</u>		<u>E 8 1/2 h</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>NO</u>
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21a. ACCIDENT SOURCE HOMICIDE <u>Car (Specify) accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>center</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>vernon, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 - 4 - 49 - 9 P.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2 car collision</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Sherman,</u>	(Degree or title) <u>Coroner Nevada</u>	23b. ADDRESS <u>vernon Co, MO</u>	23c. DATE SIGNED <u>7-5-49</u>
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24a. BURIAL, CREMATION REMOVAL <u>Removal</u>	24b. DATE <u>7-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknow</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 2, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Vance</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u>	ADDRESS <u>Nevada, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 7,

District File Number 6-49-848

Date Filed 7-13-49

JUL 18 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.

Student
Student Embalmer

Signed H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Merida, 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.