

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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FILED NOV 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 34056

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>9 days</b>		d. STREET ADDRESS (If rural, give location) <b>118 E. Waldo</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>D</b> c. (Last) <b>McFarland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 18, 1949</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 7, 1862</b>
9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (State or foreign country) <b>Mt. Jackson, Va.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Levi Coffman</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Ruffie</b>	14. NAME OF HUSBAND OR WIFE <b>Geo. W. McFarland (deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maude Tudor, Independence, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Intertrochanteric fracture of hip</b> <b>10 days</b>	
DUE TO (c) _____		DUE TO (c) <b>Generalized Atherosclerosis</b> <b>years</b>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <b>limbidity</b>			
19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Independence Jackson Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-9-1949 4p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell off steps</b> <b>120</b>	
22. I hereby certify that I attended the deceased from <b>Oct. 9, 1949</b> to <b>Oct. 18, 1949</b> , that I last saw the deceased alive on <b>Oct. 18, 1949</b> , and that death occurred at <b>3:15p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Nickerson</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1st Natl Bank Bldg Independence Mo.</b>	23c. DATE SIGNED <b>10/21/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Oct. 21, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Oct. 30-1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b>	ADDRESS <b>Independence, Mo.</b>

OCT 31 RECD

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

*John Pasley*

Licensed Embalmer No. *4308*

P. O. Address *Independence, 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.