

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32246**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **180**

0972

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>676 S. English</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>676 S. English</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MANDA</b>	b. (Middle) <b>McFARLAND</b>	c. (Last) <b>McCARTY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 19, 1951</b>
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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>Apr. 2, 1855</b>	9. AGE (In years last birthday) <b>96</b>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John McFarland</b>	13b. MOTHER'S MAIDEN NAME <b>Panelia (Unknown)</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Elnora Merrill</b>	ADDRESS <b>Marshall, Mo.</b>
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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, asthenia, 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) <b>Senility</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>none</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>794X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1840**, to **9-19**, 1951, that I last saw the deceased alive on **9-18**, 1951, and that death occurred at **5:40 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Harsen DO 2</b>	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>9/21/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 21-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Sappington Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>2 1/2 Mi. S.W. Saline City, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 21-1951</b>	REGISTRAR'S SIGNATURE <b>Sudney F. Gray 385</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b>	ADDRESS <b>Marshall, Mo.</b>
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RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 9-24-51 -----

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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 -----

working under my personal supervision.

Student Embalmer No. -----

Student -----

Student Embalmer

Signed Joseph R. Mackler -----

Licensed Embalmer No. 4571 -----

P. O. Address Marshall, 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.