

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

4393  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 861  
 (b) Township Lewis Primary Registration District No. 6132 Registered No. 3  
 (c) City Franklin (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH PARRISH 620  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. PARRISH  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 - 1861  
 7. AGE YEARS 76 MONTHS 11 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
 FATHER 13. NAME David Smithson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
 MOTHER 15. MAIDEN NAME Catherine Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
 17. INFORMANT (ADDRESS) John Smithson Forsyth, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rosedale Cem. DATE Feb. 10 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Thornhill  
 20. FILED Feb 9 - 1938 Jessie Brown Reynolds Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Feb 1938  
 I last saw him alive on Feb 9 1938. Death is said to have occurred on the date stated above, at 1 P m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Hydro-Thorax  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. M., M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ALL INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**