

REG'D SEP 26 1938

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

29484
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 630
(b) Township Castey Primary Registration District No. 5708 Registered No. _____
(c) City South Gifford (d) Street No. _____ (if death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 George Rowland Parcells

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE Lara Parcells

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant
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) Adair Co. Mo.

FATHER 13. NAME Edwin W. Parcells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Rebecca Ann Rowland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Forest L. Parcells

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirksville Mo. Express DATE Aug 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. McCullough South Gifford, Mo.

20. FILED Sept 10, 1938 Mrs. Lloyd Baker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1938

I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938 to Aug 8, 1938

I last saw him alive on Aug 8, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Heat Exhaustion Date of onset Aug 8 at 3:00 p.m.

Other contributory causes of importance: 1st

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 none

(Signed) Eugene B. Munnier, M. D.

(Address) South Gifford, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-122

Date Filed 9-15-38

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,

Clyde McCollum

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Clyde McCollum

Licensed Embalmer No. 3226

P. O. Address

South Giffard

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, above space should be left blank.