

REC'D MAR 8

1939

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

7284

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 603
(b) Township West Primary Registration District No. 43-57
(c) City Northwood (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

(a) Residence, No. John Thomas Parrish St.
Northwood
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Parrish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-81

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 8 11

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. undertaker
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 Franklin Parrish

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

MOTHER
15. MAIDEN NAME Louise Parrish

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

17. INFORMANT (ADDRESS) Louise Parrish
Northwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reston DATE 3-2-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albritton and Co
Reston Mo.

20. FILED _____ 19 _____
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-26-39 to 2-26-39
I last saw him alive on 2-26-39, 1939. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

apoplexy
instantaneous

Date of onset

Other contributory causes of importance:
arterio Sclerosis

Name of operation none 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.

5-1 (Address) Northwood Mo

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 603
 (b) Township Primary Registration District No. 435-7 Registered No.
 (c) City Morehouse (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

(a) Residence, No. John Thomas Parrish St. (If nonresident, give city or town and State)
Morehouse (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Parrish
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-81
 7. AGE YEARS 57 MONTHS 8 DAYS 11 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. under -
 9. Industry or business in which work was done, as saw mill, bank, etc. Taker
 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 Franklin Parrish

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

MOTHER 15. MAIDEN NAME Louise Parrish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabeth ?

17. INFORMANT (ADDRESS) Louise Parrish
Morehouse mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Becketon mo DATE 3-2 1939

19. FUNERAL DIRECTOR (ADDRESS) Alberton mo
Becketon mo

20. FILED May 8. 1939 Mrs John Parrish
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1939 to 2-26 1939

I last saw him alive on 2-26 1939. Death is said to have occurred on the date stated above, at 4.39 a.m.
 The principal cause of death and related causes of importance were as follows:

a poplexy
arterio sclerosis
 Other contributory causes of importance:

Date of onset

Name of operation none Date of
 What test confirmed diagnosis? none 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 Pearson M. D.
 (Address) Morehouse mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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