

7567 JUL 8 1939

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

22209
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison Registration District No. 337
(b) Township Hamilton Primary Registration District No. 547.3 Registered No. _____
(c) City _____ (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 Oran Victor Parkhurst
(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 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 Bonnie Mae Hullinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 8 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Stock & grain
10. Date deceased last worked at this occupation (month and year) Jan. 1939 11. Total time (years) spent in this occupation 45
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Iowa
13. NAME William
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk unk
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk
17. INFORMANT (ADDRESS) Mrs. O.V. Parkhurst, no
18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Cemetery 6/19 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Kogner, no
Ridgeway, Mo.
20. FILED June 24, 1939 M. M. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 39
22. I HEREBY CERTIFY, That I attended deceased from May 31, 1939, to June 17, 1939
I last saw h. in alive on June 11, 1939. Death is said to have occurred on the date stated above, at 11:00 am.
The principal cause of death and related causes of importance were as follows:
Date of onset
Cerebral Apoplexy - 6-3-39
Pulmonary Embolism - 6-11-39
Other contributory causes of importance: 121
Carotid-Vascular-renal dis. ?
Coronary heart disease. ?
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 ✓
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. W. McCauley M. D.
(Address) FABLEVILLE

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.

WHITE LABEL, WITH CAPSIDING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 111

District File Number 739-776

Date Filed JUL 7 1939

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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.....
....., 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.