

1939 AUG 16 1939

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

25192
Do not use this space.

1. PLACE OF DEATH
(a) County Baldwell Registration District No. 96
(b) Township Hamilton Primary Registration District No. 7058
(c) City Hamilton (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pauline White Ford Parr
(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 (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 30 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. District Super
9. Industry or business in which work was done, as saw mill, bank, etc. State Social Security
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gulfport Mo.

FATHER
13. NAME James D Parr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mahaska Ia

MOTHER
15. MAIDEN NAME Flourence Whiteford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gulfport Mo.

17. INFORMANT True D Parr
(ADDRESS) Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE July 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. R. Hamilton
Hamilton Mo

20. FILED July 9 1939 Merle Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939

22. I HEREBY CERTIFY that attended deceased from April 21 1939 to July 7 1939
I last saw her alive on July 7 1939. Death is said to have occurred on the date stated above, at 10:40 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset _____

Other contributory causes of importance
Complete Hemiplegia of right side April 21 1939

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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) Deaf Ends _____, M. D.
(Address) Hamilton 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.

13
4
0

RECEIVED

District Health Office No. 11

District File Number 839-1027

Date Filed AUG 10 1959

START
over

DEC 3 1957

14

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,

J.R. Loughton

or by

Registered Apprentice No., working under my personal supervision.

Signed *J.R. Loughton*

Licensed Embalmer No. 3854

P. O. Address Hamilton M

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.