REC'D SEP 21 1939

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

29500
Do not use this space.

1. PLACE OF DEATH
(a) County Knox 2 — Registration District No. 441
(b) Township or (c) City Edina 1 — Primary Registration District No. 5601a — Registered No. 46
(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 4 yrs. 10 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Augusta Zurker Parrish
(a) Residence, No. ____ St. (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: F. 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 David Parrish

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

7. AGE: Years 70 | Months 11 | Days 20 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
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) Prussic Germany

FATHER
13. NAME unk Zurker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Germany

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk Germany

17. INFORMANT (ADDRESS) David Parrish Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony Cem. DATE 8-23-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fritz Hudson Edina Mo.

20. FILED Aug 23, 1939 Mrs. C M Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939, to Aug, 1939, I last saw her alive on Aug 20, 1939. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cylous of Stomach Alcoholism

Date of onset

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? X ray 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) H. G. Schaaf D.O. M. D.
(Address) Bevier Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-8-19-38 I X16605

RECEIVED
District Health Officer No. 10
District File Number 9-39-1623
Date Filed SEP 12 1939

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 Mrs. J. W. Hudson
Licensed Embalmer No. 2972
P. O. Address Edina Mo.

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.