

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

**32696**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County JOPLIN Registration District No. 117  
 (b) Township North City Primary Registration District No. 3021 Registered No. 76  
 (c) City North City (d) Street No. James Chenn Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. Lakeside 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 OF** Nannie Parrish  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Sept. 1, 1858  
**7. AGE** YEARS 81 MONTHS 1 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.  
**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Retired  
**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)** Unknown Illinois  
**FATHER**  
**13. NAME** Brook Parrish  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Illinois  
**MOTHER**  
**15. MAIDEN NAME** Lucy Davis  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Illinois  
**17. INFORMANT (ADDRESS)** Wife Nannie Parrish Lakeside  
**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Cartersville Mo. Sept. 14, 1939  
**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Nedger Nelson North City Mo.  
**20. FILED** SEPT. 13. 1939 J. P. Scherer Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept 10, 1939  
**22. I HEREBY CERTIFY, That I attended deceased from**  
dead 1939 to Sept. 11, 1939 1939. Death is said to have occurred on the date stated above, at 11 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of skull left side Automobile accident Date of onset 9/10/39  
 Other contributory causes of importance:  
Collision of two cars in which his car was struck in back  
 Name of operation none Date of 9/10/39  
 What test confirmed diagnosis? gross Was there an autopsy? no  
**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? accident Date of injury 9/10/39  
 Where did injury occur? Jasper County Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
on Highway 26, NEAR LAKESIDE.  
 Manner of injury Automobile accident  
 Nature of injury Fractured skull  
**24. Was disease or injury in any way related to occupation of deceased?** no  
 If so, specify no  
 (Signed) A. W. Winchester M. D.  
 (Address) Jasper, 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.

119  
11  
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RECEIVED

Dist. : Health Officer No. 6,

Dist. : 1039-1943

Date Filed OCT 6 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.....

*E. M. Hedge*

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *E. M. Hedge* .....

Licensed Embalmer No. *28159*

P. O. Address *Wet. City*

**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.