

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.

RECD OCT 19 1939

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

33098
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 612
(b) Township Van-Buren Primary Registration District No. 45-79
(c) City Wentworth (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 2 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Edward McDonald Parrigon

(a) Residence, No. Wentworth Mo. 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)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Parrigon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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 life occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Virginia

FATHER 13. NAME David Parrigon
Virginia

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

MOTHER 15. MAIDEN NAME Jane Booker
Virginia

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

17. INFORMANT (ADDRESS) Oakley Parrigon
Wentworth Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pierce City Cemetery DATE 9/13/39 19. _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Victor O. Niemeyer
Pierce City Mo.

20. FILED 9/12 1939 Grace Hudson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11/39 1939

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1939, to Sept 11, 1939
I last saw him alive on Sept. 8, 1939 Death is said to have occurred on the date stated above, at 7:5a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration

Date of onset

Other contributory causes of importance:

Carcinoma of Urinary Bladder

Name of operation Suprapubic Cystostomy Date of July 24

What test confirmed diagnosis? Clinical 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) L. M. G. Lyons M. D.
(Address) Pierce City, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1039-2078

Date Filed OCT 11 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 me

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

working under my personal supervision.

Signed

Victor O. Niemeyer

Licensed Embalmer No. 3822

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.