

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

43358
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 879
 (c) City SPRINGFIELD (d) Street No. 621 S. Fort, Springfield, Mo. St.
 (e) Length of residence in city or town where death occurred 40 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Henson Parsons

(a) Residence, No. 621 S. Fort, Springfield, 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 F	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 <u>George W. Parsons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1867</u>		
7. AGE 72	YEARS	MONTHS 8
		DAYS 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Keeper</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11.30, 1939, 19... to 12.30, 1939, 19...
 I last saw her alive on 11.15, 1939, 19... Death is said to have occurred on the date stated above, at 7:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Ulcer, duodenal
Probably malignant

Other contributory causes of importance:
Hemorrhage from Ulcer

Date of onset
 From
 Year
 Mo
 Day

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

FATHER
 13. NAME Joseph Henson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Sarah Jarrett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Myrtle Layton
710 S. Nettleton,

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Dec. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn Funeral Home
Springfield, Mo.

20. FILED 12-4 1939 Chas. A. George, M.D.
 Local Registrar.

Name of operation none Date of
 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
 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) D. Musick, M. D.
 (Address) Springfield, 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.

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.....

Hayes W. Ford

Licensed Embalmer No. *2910*

P. O. Address *629 W. Walnut*

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.

X