

1. PLACE OF DEATH:

JACKSON

(a) County Independence
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1497 Osage Vaile Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Rural Near Odessa, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lula May Parrott 630

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, divorced, Widow

6. (b) Name of husband or wife John Parrott 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 11, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 8 _____ hr. _____ min.

9. Birthplace Lafayette Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Joseph Files
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Janita Murphy
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dewey Parrott
(b) Address Lexington, Mo.

17. (a) Removal (b) Date thereof 2/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Mo.

18. (a) Signature of funeral director C. Husman
(b) Address Odessa, Mo. 21

19. (a) Feb 21 (b) J. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th 1940
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 6
1939 to Feb. 19, 1940
that I last saw her alive on Nov. 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions X
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations X
Of autopsy X
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Sanatorium
While at work no (Specify type of place) (e) Means of injury X

23. Signature Chas. P. ... (M. D. or other) MD
Address Independence Date signed Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
5
4

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 Irving F. Husman
Licensed Embalmer No. 2541
P. O. Address Albany 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.