DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7545

Registration District No. 609 Primary Registration District No. 4863 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Reynolds Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days) In this community 35 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Route #4 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Ann Parnell 654

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife R.B. Parnell 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August (Month) 4 (Day) 1868 (Year)

8. AGE: Years 71 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Knox County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home 0

11. Industry or business 0

FATHER
12. Name William H. Jones
13. Birthplace Lewis Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary F. Overstreet
15. Birthplace Lewis Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Isabel Gorham
(b) Address Route #4 Neosho, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director Carly Thompson
(b) Address Neosho Mo.

19. (a) 2-19-40 (Date received local registrar) (b) Onal A. Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1940 hour 11:22 minute P. M.

21. I hereby certify that I attended the deceased from Feb 5 1940 to Feb 15 1940 that I last saw her alive on Feb 15 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Sigmoid	
Due to Unknown	
Due to 4	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Sigmoid	
Of autopsy	

PHYSICIAN — 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. R. Reynolds (M. D. or other) MD

Address Neosho Mo Date signed 2/19-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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RECEIVED
District Health Officer No. 6,
District File Number 3040 - 851
Date Filed MAR 1 4 1940

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 Gail K. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Carly Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.