

0. 2
10-39
7-39
K21492

Registration District No. **4**

Primary Registration District No. **3001**

Registrar's No. **82**

1. PLACE OF DEATH:

(a) County **Adair**

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

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

(d) Length of stay: In hospital or institution **36 hours**
(Specify whether)

In this community **yes**
years, months or days

8. (a) PRINT FULL NAME **Monroe Parrish**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **M**

5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Hattie A. Parrish**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **April 7 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **0** Days **4**
If less than one day hr. min.

9. Birthplace **Wagon County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Agriculture**

12. Name **Davis Parrish**

13. Birthplace **Wagon County, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hattie A. Parrish**

(b) Address **Butledge, Mo.**

17. (a) **Burial** (b) Date thereof **14-13-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Butledge**

18. (a) Signature of funeral director **Davis Funeral Home**

(b) Address **Wrensville**

19. (a) **4-11-40** (b) **Spencer L. Freeman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scotland**

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

(d) Street No. **Rural 8 mi. S.E.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **11**
year **1940** hour **9** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Apr 9**
1940 to **Apr 11** 19**40**

that I last saw him alive on **Apr 11** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism**

Due to **General arterio sclerosis**

Other conditions (Include pregnancy within 3 months of death) **97**

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? **3** (Specify type of place) _____ (e) Means of injury _____

23. Signature **E. S. Smith** (M. D. or other) **!**

Address **Wrensville** Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 5-40-1093

Date Filed MAY 16 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.....

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

working under my personal supervision.

Signed

Harold N. Neval

Licensed Embalmer No. 4076

P. O. Address Kirksville, 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.