

Registration District No. 447

Primary Registration District No. 5607

Registrar's No. 67

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(d) State Missouri (b) County Knox
(c) City or town Waverly 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 Hattie Parrish

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Scott Parrish 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 3 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 I 24 27 hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business 1

12. Name Granville Gastineau.

18. Birthplace France.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Woods.

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

16. (a) Informant Grand - Parrish.
(b) Address Novelty Mo.

17. (a) Harvey Heide City Date thereof Oct - 30 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Heide 515

18. (a) Signature of funeral director E. J. Bell

(b) Address Edwards Mo

19. (a) Oct 29 1940 (b) Mrs C.M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27th
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Gun Shot Wound with 12 gauge penetrating the left breast just below the heart.

Other conditions (Include pregnancy within 3 months of death) 167

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide.
(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? 2nd 5

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

23. Signature Keith Hudson (M. D. or other) Coroner
Address Edwards Mo Date signed Oct 29 1940

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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 *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edison 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.