

Registration District No. **324**

Primary Registration District No. **5464**

Registrar's No. **8**

FILED DEPT

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Rural - Franklin township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days 3

3. (a) PRINT FULL NAME Coy Suswell Parr

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Campbell Parr 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 18 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business FARMING

12. Name Spencer Parr

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moore

15. Birthplace Grundy County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Bertell Parr

(b) Address Trenton Mo

17. (a) Burial (b) Date thereof 10-24-1950
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Top of Grubbs Mo

18. (a) Signature of funeral director Chas E. Wheeler

(b) Address Spickard Mo

19. (a) Oct 24 1950 (b) Mrs Wilbur Daugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. Jindall Mo
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1950 hour one minute 30 p. 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 Died in death by a mule on Texas on Jan 2 mi SW of Spickard

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 10 1/2

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

(c) Where did injury occur? 2 mi SW of Spickard
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes Same

(Specify type of place) _____ (e) Means of injury _____

23. Signature GM Henden Acting (M. D. or other) 5

Address Trenton, Mo Corning Date signed _____

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 ROSS WISE

, Registered Apprentice No. _____

working under my personal supervision.

Signed ROSS WISE

Licensed Embalmer No. 3771

P. O. Address Spickard, 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.