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13-40  
17-39  
REC. JAN 29 1941

Registration District No. **26**

Primary Registration District No. **3002**

Registrar's No. **171**

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

**1. PLACE OF DEATH:**  
 (a) County Audrain  
 (b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Audrain Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 23 days  
(Specify whether years, months or days)  
 In this community 23 days

**3. (a) PRINT FULL NAME** Luella Parsons  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
 6. (b) Name of husband or wife Parsons 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased March 30, 1888  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
52 8 26 hr. min.

**9. Birthplace** Prices Branch, Montgomery Co.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** —

**MOTHER FATHER**  
 12. Name Thomas Wyatt  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sue Robinson  
 15. Birthplace Montgomery County Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Noah Parsons  
 (b) Address New Hartford, Route 2, Mo.

**17. (a)** Burial (b) Date thereof 12-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arboly Amenity

**18. (a) Signature of funeral director** H. B. Emore

(b) Address Portland Green No. 1

**19. (a)** December 26 1940 Blanche Neely  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pike  
 (c) City or town Corso & New Hartford  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 2  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? — years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 26th  
 year 1940 hour 8:15 minute AM M.

**21. I hereby certify that I attended the deceased from** Dec 24  
1940, to Dec 26, 1940.  
 that I last saw her alive on Dec 25, 1940.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - ascending colon

Due to \_\_\_\_\_  
 Due to H/O

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

**Major findings:** Inoperable  
 Of operations \_\_\_\_\_  
 Of autopsy none

**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) none  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? none  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23 \_\_\_\_\_  
(Specify type of place) (e) Means of injury

**23. Signature** Harry F. Osburn (M. D. or other) \_\_\_\_\_  
 Address Mexico Mo. Date signed 12/26/40

RECEIVED

District Health Officer No. 10

Case File Number 1-41-146

Date Filed JAN 16 1941

**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.