

APR 3 1941  
Registration District No. 225

Primary Registration District No. 5737

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Walcott Grove  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community years (several)  
years, months or days

3. (a) PRINT FULL NAME Joseph Warren Parrish

3. (b) If veteran, name war us 8. (c) Social Security No. no

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

6. (b) Name of husband or wife ella Killingsworth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 21 - 1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace Edger County Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer, retired

11. Industry or business General Sewing & Altering

12. Name William Parrish

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

14. Maiden name Christina Kells

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

16. (a) Informant Melvin Parrish

(b) Address Walcott Grove

17. (a) Burial (b) Date thereof Feb. 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Opkison Cemetery

18. (a) Signature of funeral director George Brim

(b) Address Walcott Grove Mo

19. (a) \_\_\_\_\_ (b) Edna B. McCalister  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Walcott Grove  
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24  
year 1941 hour 8 minute 70 A.M.

21. I hereby certify that I attended the deceased from Feb 2 - 1941  
19 \_\_\_\_\_ to Feb 23 - 1941

that I last saw him alive on Feb 23 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypotatic Pneumonia

Due to Seriously with

Due to Fibrillating Heart

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

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Barber M.D. (M. D. or other) !!

Address Walcott Grove, Mo Date Feb 28 41

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

39  
0  
0

39  
0  
0

RECEIVED

Greene County Health Office,

County File No. 41-3-29

Date Filed 3/12/91

---

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

*Greene Bunn*

Licensed Embalmer No. 7644

P. O. Address Roberts Iron 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.**