

No. 2
4-13-40
5-17-39
I X23159

ED APR 3 1941

State File No.

Registration District No. 2-38

Primary Registration District No. 3028

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(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 always _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

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

(d) Street No. 207 West College
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM FLOYD PARMELEY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1941 hour 5 minute _____ P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Please 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Sept. 27 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 12 1940, to March 24 1941
that I last saw him alive on March 24 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

47 5 27 hr. _____ min.

Immediate cause of death Broncho Pneumonia / day

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

10. Usual occupation Barber

11. Industry or business _____

Due to _____

Due to _____

Other conditions Epilepsy (Include pregnancy within 3 months of death) 1 year

MOTHER FATHER

12. Name William Edward Parmeley

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

14. Maiden name Margaret Ada Hunt

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. F. Parmeley

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 3-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown, Mo.

19. (a) March 26 1941 (b) S. C. Slaughter
(Date received local registrar) (Registrar's signature)

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 S. C. Slaughter (M. D. or other) _____

Address Fredericktown, Mo. Date signed 3-26-41

Pay E. A. Slaughter (Licensed Embalmer's Statement on Reverse Side)

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 *Stanley H. Dixon*
Licensed Embalmer No. *4193*
P. O. Address *Fredericktown, Md*

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, fact should be so stated above.