

Registration District No. 532

Primary Registration District No. 4318

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Ladlata  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Ladlata 2  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Porter Sheldon Parrish

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1941 hour 3 minute 4 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.

4. Sex mo

5. Color or race W

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

6. (b) Name of husband or wife Neva Parrish

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Oct 5 - 1851  
(Month) (Day) (Year)

Immediate cause of death

Due to apoplexy 83 W

Due to arteriosclerosis 15 years

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>5</u>	<u>25</u>	hr. _____ min.

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓

Of autopsy none

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Robert Parrish

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wilson

15. Birthplace 1851 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Neva Parrish Paul

(b) Address Ladlata Mo

17. (a) Burial (b) Date thereof April 1 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladlata

18. (a) Signature of funeral director A. L. Quisenberry

(b) Address Ladlata Mo

19. (a) Apr 1, 1941 (b) Louise Smith  
(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? 475  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature J. J. Edwards (M. D. or other) 3

Address Berwick Mo Date signed 3/29/41

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

DATE FILED MAY 14 1941

Professional Number

District Health Officer No. 10

RECEIVED

**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 with the above constitutes grounds for revocation of license.)**

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