

**FILED MAY 9 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

16088
Do not use this space.

1. PLACE OF DEATH
 (a) County Stone Registration District No. 842
 (b) Township Stone Primary Registration District No. 6104
 (c) City Crane or no (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sarah Christine Parsons
 (a) Residence, No. Crane no St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed ✓
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 - 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Ind

FATHER
 13. NAME George Burk
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
 15. MAIDEN NAME M. H. Adams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Mrs Raymond Deasing Crane no

18. BURIAL, CREMATION, OR REMOVAL PLACE Crane no DATE 4-3 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo Maloney Crane no

20. FILED April 20, 1941 Mrs Ethel Doggett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 1941
 22. I HEREBY CERTIFY That I attended deceased from 1938 to March 31 1941
 I last saw h. et. alive on March 31 1941 - Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease Date of onset _____
94

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) A. C. [Signature] M. D.
 (Address) Crane, no.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;

RECEIVED

District Health Officer No. 6;

District Number 541-718

Date MAY 7 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 George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Glenn 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.