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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18788

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 99

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 8
(c) City or town Moberly 6 (If outside city or town limits, write "RURAL")
(d) Street No. 628 Fisk 3 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Warren C. Parsons
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate C Parsons
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14th (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	1	1	hr. min.

9. Birthplace (City, town, or county) Pa (State or foreign country)
10. Usual occupation Retired Engineer
11. Industry or business Wabash R R
MOTHER FATHER
12. Name Richard A Parsons
13. Birthplace (City, town, or county) NY (State or foreign country)
14. Maiden name Mary C Durall
15. Birthplace (City, town, or county) NY (State or foreign country)
16. (a) Informant Mrs Kate C Parsons
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18th (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Maher and Son
(b) Address Moberly
19. (a) May 18-41 (Date received by local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1941 hour 8 minute 20 P M.
21. I hereby certify that I attended the deceased from May 2, 1941, to May 15, 1941 that I last saw him alive on May 15, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorhage	13 da.
Due to: Hypertension with Chronic Myocarditis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 92 R	

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? 925
While at work? — (Specify type of place) (e) Means of injury —
23. Signature P. S. Kwiatoski (M. D. or other) 0
Address Moberly, Mo. Date signed 5-18th 1941

(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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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

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