

FILED JUL 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22265

State File No.

Registration District No. 605Primary Registration District No. 4359

Registrar's No.

1. PLACE OF DEATH:

- (a) County New Madrid
 (b) City or town Parma - Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
1 1/2 Miles East Parma
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community 5 yrs.
years, months or days)

8. (a) PRINT
FULL NAMEGenora Pushing8. (b) If veteran,
name warNone3. (c) Social Security
No.None4. Sex Female5. Color or
race Negro6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
A. R. Pushing6. (c) Age of husband or wife if
alive 72 years

7. Birth date of deceased

Dec.
(Month)31
(Day)1885
(Year)

8. AGE:

Years

Months

Days

If less than one day

5531

hr.

min.

9. Birthplace

Miss.

(City, town, or county)

(State or foreign country)

10. Usual occupation

farming

11. Industry or business

12. Name

Watt Lee

13. Birthplace

Miss.

(City, town, or county)

(State or foreign country)

14. Maiden name

Charis Proctor

15. Birthplace

Miss.

(City, town, or county)

(State or foreign country)

16. (a) Informant

A. R. Pushing

(b) Address

Parma Mo. Box 1517. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

June 5 - 41
(Month) (Day) (Year)

(c) Place: burial or cremation

Catron Mo.

18. (a) Signature of funeral director

Walter E. Fisher

(b) Address

Parma Mo.19. (a) 6/5/41

(Date received local registrar)

(b) D. H. Woodruff

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 72
 (c) City or town Parma
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 9:00 P.M. minute 0 M.21. I hereby certify that I attended the deceased from
6-1-41, 19____, to 6-1-41, 19____;that I last saw him alive on 6-1-41, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Myocardial Degeneration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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?
534
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature D. H. Woodruff (M. D. or other) see
Address Parma Mo. Date signed 6-6-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 2,

District File Number 741-896

Date Filed 7/15/41

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.....

Virgil H. Welch

.....
Licensed Embalmer No. 4102

P. O. Address. Dexter - 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.