

FILLED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28930  
Do not use this space.

1. PLACE OF DEATH

(a) County Way Madrid Registration District No. 605  
(b) Township Corona Primary Registration District No. 4359 Registered No. 1  
(c) City Parma (d) Street No. 17804 St. 0  
(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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Isabelle Hyde

(a) Residence, No. Parma Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O.C. Hyde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862-4-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 3 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeping at home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Elkhart County Indiana

FATHER 13. NAME Jacob Paringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

MOTHER 15. MAIDEN NAME Mary Frame

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

17. INFORMANT Mrs Evelyn Blackman (ADDRESS) Parma Mo

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Parma County DATE August-18-41

19. FUNERAL DIRECTOR (NAME) O.C. Knight (ADDRESS) Parma Mo

20. FILED Aug 18 1941 Dr. G. W. H. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August-16-1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1941, to August 16, 1941

I last saw her alive on Aug 15, 1941. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Possible cerebral tumor  
57A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) Geo. W. H. Smith M. D. (Address) Parma Mo

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 Office No. 2,

District File Number 941-122

Date Filed 9/8/41

**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

*D. C. Knight*

Licensed Embalmer No.

*2189*

P. O. Address

*Parma 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.**