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FILED AUG 29 1941

Registration District No. 831

Primary Registration District No. 4504

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbyville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 66 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 102  
(c) City or town Shelbyville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) U  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM THOMAS 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 Ma Nettie Parsons 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased June 27 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 2 If less than one day hr. - min. -

9. Birthplace Holmes Co. Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name Burney Parsons

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Alow

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

16. (a) Informant Mrs Tom Parsons

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof July 31 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation  Pleasant Prairie Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo.

19. (a) July 30 1941 (b) Pearl Goe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1941 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Apr 12  
1941 to July 29 1941  
that I last saw him alive on July 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 3 mo.  
Due to Arterio Sclerosis ?

Due to \_\_\_\_\_  
Other conditions 431  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations X  
Of autopsy none done

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) X  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature P. G. Oraker (M. D. 11)  
Address Shelbyville, Mo. Date signed 7-31-41

148 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-41-1556

Date Filed AUG 20 1941

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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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo.

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

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