

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **Freeman Hospital**
(d) Length of stay: In hospital or institution **2 weeks**
In this community **50 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **MC-Donald**
(c) City or town **Anderson Missouri; Rural Route**
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? **No** years.

3. (a) PRINT FULL NAME **Thomas S. Parmain**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Rebecca Parmain** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **July 24, 1866**

8. AGE: Years **75** Months **1** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **William H. Parmain**
13. Birthplace **Ky;**
14. Maiden name **Martha E Hodges**
15. Birthplace **Tenn;**

16. (a) Informant **Mrs Rebecca Parmain**
(b) Address **Anderson Mo. Route Rural**

17. (a) **Burial** (b) Date thereof **Sept 12 41**
(c) Place: burial or cremation **Tracy Cemetery**

18. (a) Signature of funeral director **Hurlbut Und. Co;**
(b) Address **Joplin Mo;**

19. (a) **9-11-41** (b) **Ed D Janner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept 10** day **1941**
year _____ hour **9:50 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **8-27**, 19 **41**, to **9-10**, 19 **41**;
that I last saw him alive on **9-10**, 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regeneration**
Due to **Ptychoccephalitis**
Due to **Colon B. Pyelitis**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **none**
Of autopsy **none**

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? _____
(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 **Paul W. Walker** (M. D. or owner) _____
Address **Joplin Mo** Date signed _____

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

41-10-867.

OCT 3 0 1947

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

Steve D. Parker

Licensed Embalmer No.

2348

P. O. Address

Joplin 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, fact should be so stated above.