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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Rolla, Mo. "Beneca"
State File No. 8561B

Registration District No. 611

Primary Registration District No. 5813

Registrar's No.

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: RURAL
(c) Name of hospital or institution: Buffalo Twp.
(d) Length of stay: In hospital or institution.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Rural
(d) Street No: Buffalo Twp.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: OSCAR E. PARMLEY
3. (b) If veteran, name war: NONE
3. (c) Social Security No: NONE

20. DATE OF DEATH: Month: Aug day: 7 year: 1941 hour: 12:07 minute: P.M.

4. Sex: MALE 5. Color or race: White
6. (a) Single, widwed, married, divorced: MARRIED
6. (b) Name of husband or wife: ANNA PARMLEY
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: AUGUST 16 1872

21. I hereby certify that I attended the deceased from June 26th 1941 to Aug 4th 1941 that I last saw him alive on Aug 4th 1941 and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic myocarditis and myocardial degeneration

8. AGE: Years: 68 Months: 11 Days: 21 If less than one day hr. min.

Due to:
Due to:

9. Birthplace: Johnson Co. ILLINOIS
10. Usual occupation: RAIL ROAD SECTION LABORER

Other conditions: (Include pregnancy within 3 months of death) 93d

11. Industry or business:
12. Name: John PARMLEY
13. Birthplace: UNKNOWN UNKNOWN
14. Maiden name: SUSAN Woods
15. Birthplace: VERONA MISSOURI

Major findings: Of operations:
Of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Ann Parmley
(b) Address: Maple Mo. R#4
17. (a) Burial (b) Date thereof: AUG 8, 1941
(c) Place: burial or cremation: Jolly Cemetery

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?

18. (a) Signature of funeral director: J. Coffey of Johnson
(b) Address: Neosho Mo.
19. (a) Oct 10-1941 (b) Thelma Spauldin (Date received local registrar) (Registrar's signature)

23. Signature: John B. Robertson (M.D. or other) D.O.
Address: 2945 Beneca Date signed: 8-30-41

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1686

Date Filed NOV 7 1941

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.....

Andrew Fortis

Licensed Embalmer No.

3649

P. O. Address.....

Newshy, 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.