

FILED NOV 14 1941

Registration District No. **1115**

Primary Registration District No. **6021**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **St. Francois**
 (b) City or town **near Farmington - Suburban**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **9**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
 (c) City or town **Overland** **13**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **9417 Edmund ave** **1**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JACKIE 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 **widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **9-16-1935**
 (Month) (Day) (Year)

8. AGE: Years **6** Months **0** Days **25** If less than one day hr. _____ min. _____

9. Birthplace **Marie La Motte Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business _____

12. Name **Dorothy Parsons**

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

14. Maiden name **Pauline A. Tucker**

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

16. (a) Informant **Sterling Tucker**

(b) Address **Fredericktown Mo**

17. (a) **Burial** (b) Date, thereof **10-14-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Christian**

18. (a) Signature of funeral director **Divon Funeral Home**
 (b) Address **Fredericktown Mo**

19. (a) **Oct. 18, 1941** (b) **F. P. A. Rydeen**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **11** **th**
 year **1941** hour **3** minutes **30 P.** M.

21. I hereby certify that I attended the deceased **Dr. Rydeen**
St. Louis Oct 11 **1941**
 that I last saw him _____ alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death **skull fracture** **170c** **22'**
due to the fall from the second
floor to high deck by ropes
received in an automobile
accident which was unavoidable
 Due to _____

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

Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Oct 11, 1941, 8:15**

(c) Where did injury occur? **Fredericktown Mo**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway - 10 mo. 8th Fredericktown
 (Specify type of place) (e) Means of injury **skull fracture**

23. Signature **Carole Rydeen** (M. D. or other) _____
 Address **Carroll Ave Mo** Date signed **10/13/41**

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

MOVIER FATHER

NOV 14 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John A. Reid

Licensed Embalmer No. 2238

P. O. Address Farmington

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.

Automobile Collision Fatal to Sixth Person

Mrs. William Fisher, 9417 Edmund avenue, Overland, died Tuesday night at a hospital at Ironton, Mo., of a fractured skull suffered Saturday in an automobile accident in which five other persons lost their lives. Her husband also was injured.

Mrs. Fisher was riding in a car with her husband when it collided with another containing four Camp Robinson soldiers near Farmington late Saturday. The soldiers and Jackie Parsons, 6, son of Mrs. Fisher by a former marriage, were killed. The Fisher party was en route to Fredericktown, Mrs. Fisher's former home, and the soldiers were coming north on postmaneuver furloughs. Three were residents of the St. Louis area.
