

S. No. 2
M-1-4-41
v. 5-17-39
X28390

2381

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 18 1942

Registration District No. 21

Primary Registration District No. 5773

Registrar's No. 1106

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Rural Kingsland
(c) Name of hospital or institution: 1
(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 Missouri (b) County Holt 44
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Bigelow Twp. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Mae Parham

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Otis A. Parham (c) Age of husband or wife if alive years

7. Birth date of deceased May 28, 1885 (Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Ottumwa, Iowa. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John Painter

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

14. Maiden name Unknown

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

16. (a) Informant Otis A. Parham

(b) Address Bigelow, Mo.

17. (a) (b) Date thereof 2-1-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director W. C. Crawford

(b) Address Mound City, Mo.

19. (a) (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 30 year 1942 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from JAN. 11 1942 to JAN. 28 1942 that I last saw him alive on JAN. 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Duration
CORONARY OCCLUSION ?

Due to Nephritis (Acute) 1941
Lobar PNEUMONIA 1 week

Due to Arteriosclerosis 1940
HYPERTENSION ?

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 108 Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

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?

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

23. Signature W. C. Crawford (M. D. or other) Address Bigelow, Mo. Date signed 2/1/42

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

44
0
0

333

(Licensed Embalmer's Statement on Reverse Side)

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 *W. H. Crawford*
Licensed Embalmer No. *1894*
P. O. Address *Mound City, 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.