

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED FEB 18 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper

(a) County Jasper

(b) City or town Joplin ^{Mo.}

(c) Name of hospital or institution: 218 Pennsylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 218 Penn. Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Roy Parrish

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 25 day 42.
year _____ hour 5-00 P.M. minute _____ M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife No record

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 15, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23 - 42
_____ 19____, to Jan 25 - 42, 19____;
that I last saw him alive on Jan 25, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
<u>59</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Cardio renal disease with Hypertension

Due to arteriosclerosis

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy _____

10. Usual occupation Painter and decorator

11. Industry or business _____

12. Name Charles Parrish

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

14. Maiden name Carrie Morris
(City, town, or county) (State or foreign country)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Passcoe Hunt
(b) Address Lawfordville Indiana

17. (a) Burial (b) Date thereof Jan. 28, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hubbut Und. Co.

(b) Address Joplin Mo

(Specify type of place) _____ (e) Means of injury _____

23. Signature A. P. Crawford (M. D. or other) _____

Address 804 First Joplin Mo Date signed 1-28-42

19. (a) 1-29-42 (b) _____
(Date received local registrar) (Registrar's signature)

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

9
2
5

Crawford

0

42-1-98

MAR 26 1942

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. *2548*

P. O. Address *Gophers*

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.