

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 18 1942

Registration District No. _____

Primary Registration District No. 5533

Registrar's No. 28

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Greenwood
(c) Name of hospital or institution Home in town
(d) Length of stay: In hospital or institution 20 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Greenwood
(d) Street No. in town
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Ewing Clarence Parish

3. (b) If veteran, name war World 3. (c) Social Security No. 496-09-8757

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Parish 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April 21 - 1891

8. AGE: Years 50 Months 10 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Leeds (City, town, or county) (State or foreign country) mo 1

10. Usual occupation Labourer

11. Industry or business General

12. Name William E. Parish
13. Birthplace unknown
14. Maiden name Mary T. Tilt
15. Birthplace unknown

16. (a) Informant Mrs Clara Parish
(b) Address Greenwood mo

17. (a) Burial (b) Date thereof 3-6-42
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director W B Langford
(b) Address 1015 Summit St

19. (a) Mar 5-42 (b) L M Schmitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1942 hour 1:15 minute A M.
21. I hereby certify that I attended the deceased from Nov. 4 1941 to March 4 1942
that I last saw him alive on March 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 4 mo.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Clint Miller (M. D. or other) MD
Address Lees Summit mo Date signed 3-4-42

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

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MAR 17 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 *W. B. Langford*

Licensed Embalmer No. *3833*

P. O. Address *Lea Summit 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.