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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24820

Registration District No. 235 Primary Registration District No. 4350 Registrar's No.

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Syracuse Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Syracuse 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. --
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native 0

3. (a) PRINT FULL NAME Harrison Evans Parsons

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Febuary (Month) 2 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
83	6	7	hr. min.

9. Birthplace Morgan Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name William B. Parsons
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary F. Jamison
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mildred Parsons
(b) Address Syracuse
17. (a) Syracuse (Burial, cremation, or removal) (b) Date thereof 8-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse Cemetery
18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo.
19. (a) Aug 9 / 42 (Date received local registrar) (b) Dymple Cordy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1942 hour 5 minute 4 M.
21. I hereby certify that I attended the deceased from Jan 1, 1942, to Aug 7, 1942
that I last saw him alive on Aug 6, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs
Due to Tumor in Cover abdomen probably	
Due to Carcinoma	
Other conditions ✓ (Include pregnancy within 3 months of death)	55

Major findings:
Of operations No operation
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 Robt L Fogle M.D. (M. D. or other)
Address Otterville Mo Date signed 8/7/42

1065 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-42-918
Date Filed 8-12-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will be embalmed by me, or by Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jewell E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.