S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26107

Registration District No.

Primary Registration District No.

Registrar's No. 6830

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

1. PLACE OF DEATH:

(a) County

(b) City or town 3449 Pine, Street StLouis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Peoples Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community (19) years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 21

(a) State Missouri. (b) County 12

(c) City or town St Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2021 a.Divission,St,
(If rural, give location)

(e) Citizen of foreign country? Born U.S.Of.A. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Parchman.

3. (b) If veteran, name war none,

3. (c) Social Security No. 489-18-1604.

4. Sex Male 2

5. Color or race Colored /

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

6. (b) Name of husband or wife Mrs. Harvey Parchman,

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec (Month) 1st, (Day) 1896. (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	8	7	hr. min.

9. Birthplace Amory, Miss. (City, town, or county) / (State or foreign country)

10. Usual occupation Building Laborer,

11. Industry or business Construction-Building,

FATHER
12. Name Martin Parchman /
13. Birthplace (City, town, or county) Mississippi. (State or foreign country)

MOTHER
14. Maiden name Sallie Hampton, /
15. Birthplace (City, town, or county) Mississippi. (State or foreign country)

16. (a) Informant Mrs. Harvey Parchman
(b) Address 2021a.Divvison, st,

17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof Aug (Month) 15th, (Day) 42. (Year)

(c) Place: burial or cremation Wynn, Ark,

18. (a) Signature of funeral director R. D. Houston Jr.
(b) Address 2812, Thomas, StLouis, Mo.

19. (a) AUG 13 1942 (Date received local registrar) (b) J. F. Bredeck. (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th, year 1942. hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7/15, 1942, to 8-8, 1942, that I last saw him alive on 8/8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death ~~Sep~~ Toxemia

Due to infected tooth

Due to

Other conditions R. [illegible] paralysis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? no (e) Means of injury no

23. Signature G. J. Dixon (M. D. or other) 0

Address 1048 [illegible] Date signed 8/12/42

(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 .....

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

working under my personal supervision.

Signed. [illegible]

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas St.

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.