No. 2
-1-4-41
5-17-3
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26674

Registration District No. 73 Primary Registration District No. 3006 5112 Registrar's No. 147

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Columbia Trails
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Calloway
(c) City or town: Fulton (If outside city or town limits, write "RURAL")
(d) Street No.: 323 W. 8th (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: August Parsons
3. (b) If veteran, name war .....
3. (c) Social Security: 488-28-1996
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug. (Month) 1 (Day) 1901 (Year)

8. AGE: Years 40 Months 11 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Jefferson City (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Chas. Parsons
MOTHER FATHER
12. Name: X
13. Birthplace: (City, town, or county) Mo (State or foreign country)
14. Maiden name: Maggie Coleman
15. Birthplace: Cole Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Mollie Richmond
(b) Address: 323 W. 8th Fulton Mo
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: July 23-42 (Month) (Day) (Year)
(c) Place: burial S.B. Cem. Fulton, Mo
18. (a) Signature of funeral director: Eli Bell
(b) Address: Fulton, Mo
19. (a) 7-22-42 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1942 hour ..... minute ..... A.M. P.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental — *Duration*
Due to: Automobile Collision
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: .....
Of autopsy: none

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): accident X 010
(b) Date of occurrence: 7/21-42
(c) Where did injury occur? 6 or 8 mi. E. on Highway 40 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? yes (e) Means of injury: Coroner
23. Signature: Marvin McAdam (M.D. or other)
Address: Columbia Mo Date signed 7/22/42

125 (Licensed Embalmer's Statement on Reverse Side) — 8688 —

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 73 Primary Registration District No. 5112. Registrar's No. 147

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME August Parsons.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 1 (Day) 1909 (Year)

8. AGE: Years 40 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942, hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental

Due to Automobile Collision

Due to Small truck deceased was riding in and a big truck (Trailer) of Todebush Transfer

Other conditions
(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.

17 Oc. 8
22

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 21st — about 7 or 7 30

(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? State Highway 40
(Specify type of place)

While at work? Yes (e) Means of injury

23. Signature Marie McAdam ~~(M. D. or other)~~ Coroner

Address Columbia Mo Date signed 8/26/42

—8688—

5-26674