

Registration District No. 227

FILED SEP 11 1942
Priority Registration District No. 6-8-03

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural Indian Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Monroe-City R.F.D. I /
(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 Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City, R.F.D. I
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Alfred Riley Parsons
3. (b) If veteran, name war. None 3. (c) Social Security No. None

20. DATE OF DEATH: Month August day 30
year 1942 hour About 6 minute A.M. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Dovie 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased September 21 1877
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
64 II 9 hr. min.

Immediate cause of death Suicide by hanging
Due to mental condition 2 wks
Due to.....

9. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death).....

MOTHER FATHER

10. Usual occupation Farmer
11. Industry or business.....
12. Name Robert Francis Parsons
13. Birthplace D.K. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susan Mary Wimsatt
15. Birthplace D.K. Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred Parsons
(b) Address Monroe City Mo
17. (a) Burial (b) Date thereof 9/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rector Church
18. (a) Signature of funeral director Wilson Sons
(b) Address Monroe City Mo
19. (a) 8-31-1942 (b) E. H. Agnew
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Aug 30 1942
(c) Where did injury occur? Monroe Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? (Specify type of place) (e) Means of injury.....
23. Signature J. P. Gurnau
Address Madison, Mo Date signed 8/30/42

1274

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

6900

RECEIVED

District Health Officer No. 10

District File Number 9-42-1724

Date Filed SEP 10 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 By me

....., Registered Apprentice No.
working under my personal supervision.

Signed Leona D. Miller

Licensed Embalmer No. 3014

P. O. Address Moore City, 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.