U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30670

Registration District No. 169 | Primary Registration District No. 5622 | Registrar's No. 49

52
0
0

1. PLACE OF DEATH:
(a) County: Knox
(b) City or town: Knox City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Myrtle Dup
(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: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Knox 52
(c) City or town: Knox City (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Myrtle Dup 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Clyde Ulysses Parrish
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: .....
4. Sex: M. 0
5. Color or race: W.
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: 12 (Month) 14 (Day) 1907 (Year)

8. AGE: Years 34 | Months 9 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace: Knox Co. Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....

FATHER
12. Name: Ulysses Grant Parrish
13. Birthplace: Knox Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ines Corchman
15. Birthplace: Rutledge Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Rose Corbin
(b) Address: Baring Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept-29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cemetery
18. (a) Signature of funeral director: Keith Hudson
(b) Address: Edina Missouri
19. (a) Sept 29-1942 (Date received by local registrar) (b) Nell Northcutt (Registrar's signature)
1142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1942 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from May 23, 1942 to Sept 28, 1942 that I last saw him alive on Sept 27, 1942 and that death occurred on the date and hour stated above.

	Duration.
Immediate cause of death: Ulceration Colitis	
Due to: Intestinal Flu	1 Mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: .....
23. Signature: C. C. Gibson D. O. (M. D. or other)
Address: Edina Date signed: 9-28-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-42-1964
Date Rec'd OCT - 7 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.