

Registration District No. _____ Primary Registration District No. 6241

1. PLACE OF DEATH:
(a) County Washington
(b) City or town rural Breton
(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 years, months or days)
In this community 3 days

3. (a) PRINT FULL NAME Francis Lanzo Parsons
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. U 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: June 10 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business none

12. Name Floyd Parsons

13. Birthplace Cuba Mo
(City, town, or county) (State or foreign country)

14. Maiden name Doris Bell Smith

15. Birthplace Potosi Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Parsons

(b) Address 1303 S. Vandeventer St. Louis Mo

17. (a) Burial (b) Date thereof Aug-15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Digger

18. (a) Signature of funeral director Floyd Parsons

(b) Address St. Louis Mo

19. (a) 8-14-1942 (b) Joseph L. Fleury
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1303 S. Vandeventer
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1942 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from Aug-11 1942 to Aug-14 1942 that I last saw him alive on Aug-11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition, unable to digest or absorb food. Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Joseph L. Fleury (M. D. or other) _____

Address Potosi, Mo Date signed 8-14-42

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

110
00

RECEIVED

District Health Officer No. 4

File Number 942-11

Date 9-14-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.