

FILED NOV 11 1942
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH: Randolph
 (a) County Moberly City
 (b) City or town Moberly City
 (c) Name of hospital or institution: 516 Jefferson Ave. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay in hospital or institution none
 In this community 36 years
 years, months or days

3. (a) PRINT FULL NAME EMILY FRANCES PARRISH
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James W. Parrish
 6. (c) Age of husband or wife if alive 10-1860
 Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 15
 If less than one day: hr. min.

9. Birthplace Randolph Co. Md.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name NAT BROOKS

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

14. Maiden name NANCY WESTFALL

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

16. (a) Informant Mrs. John Martin
 (b) Address RFD #3 Moberly Mo

17. (a) Burial (b) Date thereof Oct-27-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vince Cemetery
 18. (a) Signature of funeral director Snow Funeral Home
 (b) Address Moberly Mo
 19. (a) 10-26-42 (b) Vigna Nave
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 516 Jefferson Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 25th
 year 1942 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from Oct 21
 _____, 1942, to Oct 25, 1942
 that I last saw he alive on Oct 25, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
 Duration 4da

Due to _____
 Due to _____ 83a

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)
 (e) Means of injury _____

23. Signature A. Smith (M. D. or other) _____
 Address Moberly, Mo Date signed 10-26-42

RECEIVED

District Health Officer No. 10

District File Number 11-42-1985

Date Filed NOV - 9 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..... *R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Moberly 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.