S. No. 2
—1-4-41
5-17-39
P I X26390

70
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1942

Registration District No. 232

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5812

37620
State File No.
Registrar's No. 16

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural Prairie Twp
(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 years, months or days)
In this community All her life

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

3. (a) PRINT FULL NAME Susie Jane Parsons
3. (b) If veteran, name war ##
3. (c) Social Security No. ##
4. Sex Female
5. Color or race White
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 March 9 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	7	21	hr. min.

9. Birthplace Montgomery Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business ##
FATHER
12. Name Lewis Parsons
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Baugh
15. Birthplace St. Charles, Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Etta Parsons
(b) Address Cerro, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cemetery
18. (a) Signature of funeral director W. P. Dammond
(b) Address Silex, Mo.
19. (a) Nov. 3, 1942 (Date received local registrar) (b) Mrs. Durella Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1942 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from January 10 — 1942 to Oct. 30 1942, that I last saw h. alive on Oct. 15 — 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic — Duration
Due to Arterio-Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings: Of operations
Of autopsy No.

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 O. H. Dammond (M. D. or other)
Address Silex Mo. Date signed Nov. 1, 1942

1304 (Licensed Embalmer's Statement on Reverse Side)

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

Signed W. R. Vonnund

Licensed Embalmer No. 2251

P. O. Address Silex, 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.