

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41239

State File No. _____

FILED JAN - 8 1942
Registration District No. 202

Primary Registration District No. 4813

Registrar's No. 16

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

61
00

1. PLACE OF DEATH: Macon
 (a) County _____
 (b) City or town Elmer
 (If outside city or town limits, write "RURAL" and name of township)
 (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
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: ⁶¹
 (a) State Missouri (b) County Macon
 (c) City or town Elmer
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN WILLIAM PARSONS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 29
 year 1942 hour 9 minute 30 A. M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mable Parsons 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased June 17 - 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Acute myocarditis
 Duration _____

9. Birthplace Shelby Co. Mo. 0
(City, town, or county) (State or foreign country)

Due to High blood pressure
 Due to _____

10. Usual occupation Farmer

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

11. Industry or business _____

Major findings: 132
 Of operations _____

12. Name Joseph Parsons
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

16. (a) Informant Wayne Parsons
(b) Address Elmer, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Dec. 30 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence 12-29-42

(c) Place: burial or cremation Elmer

(c) Where did injury occur? Elmer main Mo
(City or town) (County) (State)

18. (a) Signature of funeral director Clyde McCallum
(b) Address Elmer, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on street in Elmer
(Specify type of place)

19. (a) 1-3-42 (b) Missie Freed
(Date received local registrar) (Registrar's signature)

While at work? no (e) Means of injury _____

23. Signature D. G. Edwards (M.D. or other) _____
Address Elmer, Mo. Date signed 1/28/42

1038

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-43-23

Date Filed Jan 6-1943

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

Clyde M. Colburn

Licensed Embalmer No. 3226

P. O. Address Elmer, 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.