

No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42229

State File No. \_\_\_\_\_

REC'D JAN - 4 1943  
Registration District No. 332

Primary Registration District No. 4517

Registrar's No. 47

06  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Taney  
(b) City or town Branson  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 106  
(a) State Missouri (b) County Taney  
(c) City or town Branson  
(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.

8. (a) PRINT FULL NAME FRANCES LEISURE PARAMORE  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 25  
year 1942 hour 11:35 minute P. M.  
21. I hereby certify that I attended the deceased from 10/1/41  
\_\_\_\_\_, 19\_\_\_\_, to 12/25, 1942  
that I last saw her alive on 12/25, 1942  
and that death occurred on the date and hour stated above.

4. Sex Fem. 5. Color or race White  
6. (a) ~~Single~~, widowed, married, divorced 2  
6. (b) Name of husband or wife Edward Homer Paramore  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January - 18 - 1835  
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 1 wks.  
Due to Senility  
Due to \_\_\_\_\_

8. AGE: Years 87 Months 11 Days 7  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Waynesburg Pa. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Domestic

Other conditions (Include pregnancy within 3 months of death) 932  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name William Pennock  
13. Birthplace Pa. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Hill  
15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jenn Porter  
(b) Address Branson, Mo.  
17. (a) Buried (b) Date thereof Dec 27  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Branson Mo  
18. (a) Signature of funeral director R. P. Whitehead  
(b) Address Branson Mo  
19. (a) Dec. 28: 42 (b) MARY MULIER  
(Date received local registrar's certificate) (Registrar's signature)

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 Harry T. Evans (M. D. or other) M.D.  
Address Branson Mo Date signed Dec 25 1942

RECEIVED

District Health Officer No. 6,

District File Number 1242-1775

Date Filed DEC 31 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.....

Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed Minna L. W. Helchel

Licensed Embalmer No. 2277

P. O. Address Branson, 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, above space should be left blank.