

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9951**

Registration District No. **4118**

Primary Registration District No. **4118**

Registrar's No. **31**

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

Registration District No. **4118**

1. PLACE OF DEATH:

(a) County **Christian Mo.**

(b) City or town **Sparta Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **None**  
(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) **25 years**

3. (a) PRINT FULL NAME **Jerry D. Parr**

3. (b) If veteran name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 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 **Dec 24 1914**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>28</b>	<b>1</b>	<b>17</b>	hr. min.

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

10. Usual occupation **Labour**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **William L. Parr**

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

14. Maiden name **Kella Moore**

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

16. (a) Informant **Wm L. Parr**

(b) Address **Sparta Mo.**

17. (a) **Buried** (Burial, cremation, or removal) (b) Date thereof **Feb 15 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Roberts Cemetery**

18. (a) Signature of funeral director **T. B. Cheffers**

(b) Address **Drank Mo.**

19. (a) **4-3-1943** (Date received local registrar) (b) **M. S. Johnson** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Christian Mo.**

(c) City or town **Sparta Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **None**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11** year **1943** hour **10** minute **15** a.m.

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

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) **Suicide**

(b) Date of occurrence **Feb 11 1943**

(c) Where did injury occur? **Home Sparta Mo.**  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_

(e) Means of injury **Shot from**

23. Signature **M. P. Logan & P. A. ...** (M. D. or other) **Corson**

Address **Drank Mo.** Date signed **2/15/43**

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**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.....

*T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address. *Ozark, 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.**