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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17946

FILED JUN 15 1943

Registration District No. 32-6131

Primary Registration District No. 94-196-9 & 1: 2

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

Registrar's No. 18

1. PLACE OF DEATH:

(a) County... Brandy

(b) City or town... Spickard  
(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... 58 yr (Specify whether)

3. (a) PRINT FULL NAME Rilda Parr

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 Widowed

6. (b) Name of husband or wife... John Parr

6. (c) Age of husband or wife if alive... \_\_\_\_\_ years

7. Birth date of deceased... Nov 20 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Adair Co Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation... Farmer

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

MOTHER FATHER { 12. Name Weldon Tippin

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

14. Maiden name unknown

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

16. (a) Informant Nella Loveland

(b) Address Spickard Mo

17. (a) Burial (b) Date thereof Feb 26 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat Cays Brandy Co Mo

18. (a) Signature of funeral director Schooler Funeral Home

(b) Address Spickard Mo

19. (a) \_\_\_\_\_ (b) Julien Earl Keith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Brandy

(c) City or town... Spickard  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country... \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 10  
43 to Feb 24 1943

that I last saw her alive on Feb 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chol cystitis

Due to jaundice

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

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

Major findings: 1278

Of operations \_\_\_\_\_

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

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 C. P. McClanahan (M. D. or other) Med.

Address Spickard, Mo Date signed Feb 25, 43

Duration 6 weeks

5 weeks

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Lickard

**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.**