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Registration District No. **61**

Primary Registration District No. **4107**

Registrar's No. **55**

1. PLACE OF DEATH:

(a) County **Cedar**
(b) City or town **El Dorado Springs**
(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 years, months or days) **40 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Cedar 20**
(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 **0**

3. (a) PRINT FULL NAME **GLOYD RUFFUS PARSLY**

3. (b) If veteran, name war
3. (c) Social Security No. **495-09 9010**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Margaret Parsley** 6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **Oct 19 1902**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	11	18	hr. min.

9. Birthplace **El Dorado Spgs MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Trucker + Hauling**

11. Industry or business

12. Name **Charles S. Parsley**

13. Birthplace **Hechory Co MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Rose Ballenger**

15. Birthplace **El Dorado Spgs MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Parsley**

(b) Address **El Dorado Spgs MO RFD**

17. (a) **Burial** (b) Date thereof **10/6/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Robert F. ...**
(b) Address **El Dorado Spgs**

19. (a) **10/5/43** (b) **S. L. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **1** year **1943** hour **2** minute **10 AM**

21. I hereby certify that I attended the deceased from **June 1 1943** to **Oct 1 1943**
that I last saw him alive on **Oct 1 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock**

Due to **Explosion and other causes**
Due to **Coronary atherosclerosis and chronic myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1952/99**
Of autopsy **1952/99**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Oct 1, 1943**

(c) Where did injury occur? **El Dorado Spgs. Cedar. Mo**
(City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature **C. S. ...** (M. D. or other) **DO**
Address **El Dorado Spgs** Date signed **10-4-43**

MOTHER FATHER

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

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

RECEIVED

District Health Officer No. 71

District File No. 10-43-1260

Date Filed 11-12-43

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.....

Lloyd Rufus Parsley
working under my personal supervision.

Registered Apprentice No.....

Signed.....

George W. Raper

Licensed Embalmer No. 2762

P. O. Address.....

El Dorado Spgs

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.