

LED NOV 18 1943

Registration District No. 169

Primary Registration District No. 5716

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City (rural) Colony Twp
(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:

(a) State Missouri (b) County Knox
(c) City or town Knox City Colony Twp
(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 _____

3. (a) PRINT FULL NAME Sarah Margaret Parrish

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

4. Sex F 5. Color or race M 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Wm. Parrish 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July-21-1887
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Gorin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

MOTHER FATHER { 11. Industry or business _____

12. Name John Rowe
13. Birthplace Gorin Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sylvia Bull
15. Birthplace uk uk
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. N. F. Coffey
(b) Address Knox City, Missouri
17. (a) Burial (b) Date thereof Oct-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Knox City, Missouri

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri
19. (a) Oct 17 1943 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1943 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept 24
1943 to Oct 15 1943
that I last saw him alive on Oct 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(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)
(a) Means of injury _____
Signature Rial W. Yunker (M. D. or other) _____
Address Knox City Mo Date signed Oct 16 43

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

RECEIVED

District Health Officer No. 10

District File Number 11-43-1840

Date Filed NOV 16 1949

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

Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.