

FILED JAN 6 1944

Registration District No. 88

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

In this community 1 Week

2. USUAL RESIDENCE OF DECEASED:

(a) State New Mexico (b) County ??

(c) City or town ??
(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 ---

3. (a) PRINT FULL NAME Mrs. Nadine Parrish.

(b) If veteran, name war ---

(c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th year 1943 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 11-18-43 1943 to 12-5-43 1943;
that I last saw her alive on 12-4 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Samuel Parrish

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

7. Birth date of deceased January 6th 1886
(Month) (Day) (Year)

Immediate cause of death Generalized carcinomatous

Due to Carcinoma of Ovary

Other conditions H9a
(Include pregnancy within 3 months of death)

8. AGE: Years 57 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business At Home.

12. Name William Eller

13. Birthplace Cooper County, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Florence Moore.

15. Birthplace Cooper County, Missouri.
(City, town, or county) (State or foreign country)

Major findings: Carcinomatous of abdomen

Of autopsy ---

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

16. (a) Informant Mrs. Geo. Robein.

(b) Address Boonville, Mo.

17. (a) Burial Walnut Grove Cem. (b) Date thereof Dec. 7th /43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville, Mo.

19. (a) Dec. 6-43 (b) Dr. Chas. Swep.
(Date received local registrar) (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?
(Specify type of place)

23. Signature Geo. W. Blankenship, M.D. (M.D. or other) ---

Address Boonville Mo. Date signed 12-6-43

1088

FEB 9 1944
JAN 18 1944

RECEIVED
District Health Officer No. 8,
District File Number 1-5-44

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 G. J. Boller
Licensed Embalmer No. 3062
P. O. Address Boonville, 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.