

Registration District No. 170

Primary Registration District No. 5630

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE
 (b) City or town LEBANON TWP
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
LEBANON R.F.D. # 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 43 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE = 53
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. R. 2, LEBANON
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY EMMAINE PARSONS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife ISAC PARSONS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 29 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 7 If less than one day
hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name MYRON SMITH
 13. Birthplace MICH
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. L. Parsons

(b) Address R. 2, LEBANON MO
 17. (a) BURIAL (b) Date thereof 12 8 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CEM DALAS CO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON

19. (a) Dec 31-43 (b) Grace Rogus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
 year 1943 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Nov. 1943
 19. to Dec 1, 1943

that I last saw him alive on Dec - 7, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Duration

Due to _____

Due to _____

Other conditions 9502
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

(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)

While at work? _____ (e) Means of injury _____

23. Signature J. Bohner (M. D. or other) D.O.

Address Lebanon Mo. Date signed 12-7-43

Received

Laclede County Health Unit

File No. 12-43-181

Date Filed 1-12-44

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 Allyn DeCherque

Licensed Embalmer No. 4333

P. O. Address Bellevue 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.