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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42813

Registration District No. 1155 JAN 13 1943

Primary Registration District No. 4292

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Lincoln Winfield

(a) County: Lincoln

(b) City or town: Winfield  
(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: Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Lincoln

(c) City or town: Winfield  
(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 WILLIAM R PARSONS

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

4. Sex: M 5. Color or race: W

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

6. (b) Name of husband or wife: Jarah Parsons. 6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Nov 8 1860  
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Burook Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Robert Parsons.

12. Name: \_\_\_\_\_

13. Birthplace: Lincoln Mo  
(City, town, or county) (State or foreign country)

14. Maiden name: Amelia Harrell

15. Birthplace: Lincoln Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: J. P. Parsons

(b) Address: Wentzells Winfield

17. (a) Burial: Corvick (b) Date thereof: Dec 36-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Corvick

18. (a) Signature of funeral director: Wentzells Winfield

(b) Address: Wentzells Mo

19. (a) 12-30-43 (b) Miss Susan Wilson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 year 1943 hour 1:20 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 21 1943 to Dec. 29 1943 that I last saw him alive on December 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of prostate Duration \_\_\_\_\_

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

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

Other conditions: Old age  
(Include pregnancy within 3 months of death)

Major findings: 51 lb  
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: Dr. J. J. Allvato (M. D. or other) \_\_\_\_\_  
Address: Winfield, Mo. Date signed: 12/30/43

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

MOTHER FATHER

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

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**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 *R. E. Stuman*

Licensed Embalmer No. 2711

P. O. Address Wentzville 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.**