

S. No. 2
M-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. M. J. Parney
23331
State File No. _____
Registrar's No. *261*

FILED JAN 10 1944
Registration District No. _____

Primary Registration District No. *5038*

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

58
1
2

1. PLACE OF DEATH:

(a) County *Linn*

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

(c) Name of hospital or institution: *Mc Parney Hospital*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *23 days*
(Specify whether in this community *87 years*)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Linn*

(c) City or town *Brookfield*
(If outside city or town limits, write "RURAL")

(d) Street No. *719 Snow*
(If rural, give location)

(e) Citizen of foreign country? *No.* (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME *ARMINDA - WILBER*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex *7* 5. Color or race *W.*

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

6. (b) Name of husband or wife *George Wilber*

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

7. Birth date of deceased *Jan 8 - 1856*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 10 26 hr. min.

9. Birthplace *Linn County Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business _____

12. Name *John Preston Sharp*

13. Birthplace *Linn, Mo.*
(City, town, or county) (State or foreign country)

14. Maiden name *Caroline Hansard*

15. Birthplace *Virginia*
(City, town, or county) (State or foreign country)

16. (a) Informant *George E. Wilber*

(b) Address *1021 E. Kane Pl. Milwaukee Wis*

17. (a) *Burial* (b) Date thereof *Dec - 6 - 1943*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Rose Hill - Brookfield*

18. (a) Signature of funeral director *Hill Funeral Chapel*

(b) Address *Brookfield Mo*

19. (a) *12-6-1943* (b) *M. J. Parney*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec.* day *4*
year *1943* hour _____ minute *-* A. M.

21. I hereby certify that I attended the deceased from *11-10-43*
_____ 19____ to *174* 19____
that I last saw him/her alive on *174* 19____
and that death occurred on the date and hour stated above.

Immediate cause of death *Acute myocarditis* Duration *1 da*

Due to *Str. Myocarditis - Chronic*
intactated heart - 6 months

Due to _____ Duration *1 mo*

Other conditions *none*
(include pregnancy within 3 months of death)

Major findings: *13/a*

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature *M. J. Parney* (M. D. or other) _____
Address *Brookfield, Mo.* Date signed *12/6/43*

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address. *Brookfield 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.