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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

Registration District No. 164

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 7516

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Johnson

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

(c) Name of hospital or institution: 320 W. Market
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)
In this community: 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

(c) City or town: Warrensburg
(If outside city or town limits, write "RURAL")

(d) Street No.: 320 W. Market St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: Isam Marion Parman

3. (b) If veteran, name war: No

3. (c) Social Security No.: NO

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Tracey Hidler

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

7. Birth date of deceased: May (Month) 19 (Day) 1882 (Year)

8. AGE: Years 61 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace: Johnson Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Benjiman Franklin Parman 0
13. Birthplace: Johnson Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Elizabeth Hasip
15. Birthplace: Carrol Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs Mary Moyer
(b) Address: Warrensburg, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Cem

18. (a) Signature of funeral director: Sweeney Phillips
(b) Address: Warrensburg, Mo

19. (a) Feb 11, 1944 (Date received by local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 10 year: 1944 hour: 2 minute: 30 P.M.

21. I hereby certify that I attended the deceased from Feb 10, 1944 to Feb 10, 1944, that I last saw him alive on Feb 10 1944, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cholecystitis	
Due to Gall Stones	
Due to 136.	
Other conditions (Include pregnancy within 3 months of death): Paralysis right side	

Major findings:
Of operations:
Of autopsy: none

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: 0

23. Signature: W M R Patterson (M. D. or other)
Address: Warrensburg, Mo Date signed: 2-11-44

(Licensed Embalmer's Statement on Reverse Side)

1001

MAR 24 1944

MAR 6 1944

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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.