

FILED MAR 13 1944

State File No. _____

Registration District No. 167

Primary Registration District No. 5609

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. XXXX
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME FRANKLIN PEARCE PARROTT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race W.

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

6. (b) Name of husband or wife Hattie E. Parrott

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Feb. 23, 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Champaign Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer & lumberman

11. Industry or business retired

12. Name Daniel Parrott

13. Birthplace state of New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Slifer (Slifer)

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

16. (a) Informant Hattie E. Parrott

(b) Address Magnolia, Mo.

17. (a) Burial (b) Date thereof 2/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cemetery

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri.

19. (a) 2-24-44 (b) Kathryn S. Canaday M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1944 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1
1942 to Feb 21 1944
that I last saw him alive on Feb 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

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 Fredley Rawlin (M. D. or other) _____
Address Holden Mo Date signed 2/24/44

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

APR 29 1947

SEP 24 1953

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 W. C. Canaday

Licensed Embalmer No. 3454

P. O. Address Golden, 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.