No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12272

Registration District No. 3 Primary Registration District No. 6081 Registrar's No.

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town SWEET SPRINGS, RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Salt Pond Twsp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE 97
(c) City or town SWEET SPRINGS (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. SALT POND TWSH
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARSHALL D. PARSONS
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 MARRIED
6. (b) Name of husband or wife DOLLIE PARSONS
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased APRIL (Month) 20, (Day) 1856 (Year)

8. AGE: Years 87 Months 9 Days 11 If less than one day hr. min.

9. Birthplace SALINE CO (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name EDWARD M. PARSONS
13. Birthplace (City, town, or county) VA (State or foreign country)
MOTHER
14. Maiden name JULIA ANN MARSHALL MARSHALL
15. Birthplace SALINE CO (City, town, or county) MO (State or foreign country)
16. (a) Informant M. D. Parsons
(b) Address Sweet Springs Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEMETERY
18. (a) Signature of funeral director R. C. CARTER
(b) Address SWEET SPRINGS Mo
19. (a) March 3 1944 (Date received local registrar) (b) Mrs E G Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1ST year 1944 hour 4 O'Clock minute P M.
21. I hereby certify that I attended the deceased from Dec 1943, 19__, to 3-1, 1944 that I last saw him alive on 3-1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial insufficiency	
Due to Senility, Arterio Sclerosis	
Due to	
Other conditions (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 Chas R Parsons (M. D. or other) MD
Address Sweet Springs Mo Date signed 3-3-44

1218

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-4-44

AUG 12 1949

MAR 8 1950

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 C Carter

Licensed Embalmer No. 3513.

P. O. Address Sweet Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.