

FILED MAY 10 1944

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 69

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON  
(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 60 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. 806 E. Haen st.  
(If rural, give location)

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

3. (a) PRINT FULL NAME RICHARD STEVEN PARR

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Allie Parr 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 2 7 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months 13 Days 27 If less than one day hr. min.

9. Birthplace Hayes City Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business \_\_\_\_\_

12. Name William S. Parr

13. Birthplace New York N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Sallee

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

16. (a) Informant Allie Parr

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) April 5, 1944 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3/29, 1944 to 4/3, 1944  
that I last saw him alive on 4-3, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 6 days

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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 R. J. Powell (M. D. or other) \_\_\_\_\_

Address Clinton Mo Date signed 7/5/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 7

File Number 4-44-632  
5-8-44

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..... *H. Wilkison* .....

Licensed Embalmer No..... 4360 .....

P. O. Address..... Clinton 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.**