

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15588

Registration District No. 29

Primary Registration District No. 3056

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Randolph  
 (b) City or town Moberly  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Douglas St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Douglas St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Elizabeth Parrish

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Dr. H. N. Parrish  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 18<sup>th</sup> 1858  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	4	11	hr. _____ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Va

10. Usual occupation At home

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

MOTHER FATHER {  
 12. Name No data  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Dr. H. N. Parrish

(b) Address Moberly

17. (a) Burial (b) Date thereof Apr 30 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) 4-30-44 (b) Irma Hall  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29<sup>th</sup>  
 year 1944 hour \_\_\_\_\_ 9 minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 19 98 to \_\_\_\_\_ 19 99  
 that I last saw her alive on 4-29 19 44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility-body + mind  
 Duration 6 mo

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

Other conditions 1620  
 (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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature H. G. Griffiths (M. D. or other) \_\_\_\_\_

Address Moberly Mo Date signed 4/30/44

WRITE PLAINLY—USE UNFADING INK

RECEIVED

District Health Officer No. 10

District File Number 5-44-1015

Date Filed MAY 12 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 at 2 b 011

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

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.