

FILED SEP 25 1944
Registration District No. 2001

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
(Specify whether
In this community 46 years
years, months or days)

3. (a) PRINT FULL NAME Amanda Emeline Parsons.

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John E. Parsons 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 24, 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 15 If less than one day
hr. min.

9. Birthplace Hart Co. Ky;
(City, town, or county) (State or foreign country)

10. Usual occupation retired housewife

11. Industry or business

MOTHER FATHER

12. Name Christopher C. Brown
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name Juliet Ann
15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lawrence Jeff.
(b) Address 703 Byers Ave; Joplin Mo.
17. (a) Burial (b) Date thereof 9-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 9-11-44 (b) Arthur S. Bushette
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 703 Byers Ave;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day 8, 1944.
year hour 1-55 P. M. minute M.
21. I hereby certify that I attended the deceased from 8/1/44
9/8, 1944 to 9/8/44, 1944
that I last saw her alive on 9/8/44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Cachexia
Due to Cachexia of Stomach
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none Of autopsy none
PHYSICIAN H. B.
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? (c) Means of injury
23. Signature Arthur S. Bushette (M. D. or other)
Address Joplin Mo. Date signed 9/8/44

1284

44-9-175

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 *Frank A. [Signature]*

Licensed Embalmer No. 959

P. O. Address *[Signature]*

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.