V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31989

State File No.

Registration District No. 374 Primary Registration District No. 6272-4546 Registrar's No.

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Denver Mo Attica
(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) 1
(d) Length of stay: In hospital or institution none (Specify whether
In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Worth 11-30
(c) City or town Denver Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL DAVID PARMAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethyl Parman
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 28 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months - Days 26 If less than one day hr. min.

9. Birthplace Gentry Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name S. V. Parman
13. Birthplace Daviess Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Nancy Elizabeth Smith
15. Birthplace Gentry Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Thrasher
(b) Address Denver, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 28 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Star Cem.
18. (a) Signature of funeral director Braun Bros Cem.
(b) Address Denver Mo
19. (a) Aug 28 - 44 (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1944 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Fall of 1942 to Aug 5 — 1944
that I last saw him alive on Aug 1 — 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ca. Prostate	3 yrs.
Due to:	
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 Frank H. Rose (M. D. or other) M.D.
Address Albany, Mo. Date signed 8-27-44

1104

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2947

P. O. Address.....

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.