

No. 2
-8-43
5-17-39
1 X37823

FILED DEC. 18 1944
Registration District No. _____

Primary Registration District No. 3001

Registrar's No. 29

1. PLACE OF DEATH:

(a) County ANDRAIN

(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
206 W. STATE
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days) 67 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN 4

(c) City or town VANDALIA 2
(If outside city or town limits, write "RURAL") 1

(d) Street No. 206 W. STATE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME JOHN CONLEY PARRISH

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 4th
year 1944 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____
1939 to DECEMBER 4, 1944
that I last saw him alive on DECEMBER 4, 1944
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY ALICE PARRISH

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 5 1884
(Month) (Day) (Year)

Immediate cause of death MYOCARDITIS ACUTE

Duration 1 wk

8. AGE: Years 90 Months 0 Days 29 If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace BUCHANAN Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions CARCINOMA of PROSTATE
(Include pregnancy within 3 months of death)

10. Usual occupation DOCTOR - M.D.

11. Industry or business _____

MOTHER, FATHER { 12. Name JOHN CONLEY PARRISH

13. Birthplace W. VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN FRIEDLAND

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mary Ellen Parrish (daughter)

(b) Address Vandalia, Mo.

22. If death was due to external causes, fill in the following:

17. (a) BURIAL (b) Date thereof Dec 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W.S. Water

While at work? _____ (Specify type of place)

(e) Means of injury _____

(b) Address Vandalia, Mo.

19. (a) Dec 4 1944 (b) Mallie Fugard
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M.D. or other)

Address Vandalia, Missouri Date signed 12/4/44

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

DEC 20 1944

AUG 30 1945

OCT 3 4 1945

JUL 9 1945

RECEIVED
District Health Officer No. 10
District File Number 12-44-2050
Date Filed DEC-1-5-1944

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

Signed A. S. Waters
Licensed Embalmer No. 4298
P. O. Address Vandalia 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.