

FILED MAR 14 1945
Registration District No. 3975

Primary Registration District No. 4099

Registrar's No. 37

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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1. PLACE OF DEATH:

(a) County Pass

(b) City or town Pleasant Hill
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Cornelia W. Parris

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 30 year 1944 hour 4:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 18, 1944, to Dec. 30, 1944.
That I last saw him alive on Dec. 29, 1944, and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J. Parris 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

Immediate cause of death Ch. Myocarditis

Duration _____

8. AGE: Years 84 Months 1 Days 16 If less than one day hr. 1 min. _____

Due to arterio-sclerosis

Due to Hypertension

9. Birthplace Clayborne Co. Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Nelsou Waller

13. Birthplace S. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Martha

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Oscar Jennings

(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof 1-1-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director D. D. No. 1017

(b) Address Pleasant Hill Mo

19. (a) March 5, 1945 (b) Margaret Tolla (Date received local registrar) (Registrar's signature)

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. Murray (M.D. or other) _____
Address Pleasant Hill Mo Date signed 1-2-45

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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 D. D. Nofsinger
Licensed Embalmer No. 3938
P. O. Address Pleasant Hill

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.