

S. No. 2
M-5-43
7. 5-17-39
X36671

FILED MAR 12 1945

Registration District No. **278**

Primary Registration District No. **2054**

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pike

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

(c) Name of hospital or institution: Pike County Hosp.
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Clarksville
(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 _____

3. (a) PRINT FULL NAME Jefferson Davis Parton

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 5 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1945 hour 8. minute 30. A.M.

21. I hereby certify that I attended the deceased from Jan. 8, 1945 to Feb. 10, 1945
that I last saw him alive on Feb. 9, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 8 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Inanition and general debility

Due to Premature Senility

Due to _____

9. Birthplace Louisiana (City, town or county) Mon (State or foreign country)

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

10. Usual occupation: Retired

Major findings: _____

11. Industry or business: Turkey Half Parton

Of operations _____

12. Name of mother: Mary Ann Hewitt

Of autopsy _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant Robin Jay Payne

(b) Address Clarksville

17. (a) Burial, cremation or removal Greenwood (b) Date thereof Feb 11 45
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of general director Harry Larroet

(b) Address Clarksville

19. (a) 2/10/45 (b) J. H. H. H. H.
(Date received local registrar) (Registrar's signature)

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 Charles P. Jewellen (M. D. or other)

Address Louisiana Mo. Date signed 2/10/45

Duration 3 Mo

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1169

RECEIVED

District Health Officer No. 10

District File No. *3-45-448*

Date Filed *MAR 8 1946*

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.....

Was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Harry L. Carroll*

Licensed Embalmer No. *2439*

P. O. Address *Clarksville 770*

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.