DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10266

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County New- Madrid

(b) City or town South Edge Sikeston Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2X (Specify whether

In this community About 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston, Mo. (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 Parvin Samuel Lavender

3. (b) If veteran, name war X

3. (c) Social Security No.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Eula Lavender

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 9 (Month) 6 (Day) 1895 (Year)

8. AGE: Years 49 Months 4 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) / Ky. (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER 12. Name R. J. Lavender

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

MOTHER 14. Maiden name Myrtle Harvey

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

16. (a) Informant Mrs. Eula Lavender

(b) Address Smith Add, Sikeston Mo.

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

(c) Place: burial or cremation Bertrand Mo

18. (a) Signature of funeral director John Allenton

(b) Address Sikeston Mo

19. (a) 2-14-45 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1945 hour unk minute P. M.

21. I hereby certify that I attended the deceased from ✓ 19✓, to ✓ 19; that I last saw h✓ alive on ✓ 19; and that death occurred on the date and hour stated above.

Immediate cause of death Froze to death, Fell in water hole and lay on

Due to ground all night with temperature about 15 above

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No.

Duration

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) accident

(b) Date of occurrence 1-10-45

(c) Where did injury occur? New Madrid (City or town) (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Cotton Club Public Place (Specify type of place)

While at work? No. (e) Means of injury Froze to death

23. Signature Leo Hedgepeth 3 (M. D. or other)

Address New Madrid Date signed 1/10-45

1368 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 345-43
Date Filed 3/14/43

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Allenton

Licensed Embalmer No. 2941

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
43
36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 238 Primary Registration District No. 58211 Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town 3. edge of Sikeston Mo. (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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Parvin S. Lavender

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 M

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 6 1896 (Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days If less than one day hrs. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Bertrand, Mo.

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Helen Lewis Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

Mrs Helen L Jones
New Madrid, Mo

102606