

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 22

1. PLACE OF DEATH

(a) County Perry
(b) City or town Perryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 520 N. North St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. 520 N. North St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Janie Caroline Parsons

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband James W. Parsons 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 18, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Simp Goodman

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

14. Maiden name Mary Turner

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

16. (a) Informant H. T. Parsons

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 4-17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Ray James Ward

(b) Address Perryville, Mo.

19. (a) 4-16-45 (b) Thas Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1945 hr. 9:45 minute A. M.

21. I hereby certify that I attended the deceased from 1941
_____ 19 _____ to Apr 15, 1945
that I last saw her alive on 4/15/45, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 7 days
Due to arteriosclerosis
Due to mitral incompetency

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

Major findings: _____
Of operations: AK
Of autopsy: _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wm Wiedman (M. D. or other) DO.
Address Perryville Date signed 4/16/45

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

RECEIVED

District Health Officer No. 4

District File Number 545-619

Date Filed 5-9-45

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. 3866

P. O. Address Jerrynille, 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.