

7:00 P.M.
FILED JUN 7 1945
Registration District No. 274

Primary Registration District No. 5922

State File No. _____

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Beaman
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community life 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mattie Rissler Parrish
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Dr. John Parrish 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 4, 1868
 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 20
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name John G. Rissler
 13. Birthplace West Va.
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Longan
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Stephens
 (b) Address Beaman, Missouri

17. (a) burial (b) Date thereof May 26, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Green Cem

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia, Mo

19. (a) May-25-1945 (b) Mrs Anna Berger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
 (c) City or town Beaman
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
 year 1945 hour 7:00 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 1939, to May 24, 1945;
 that I last saw her alive on May 24, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis acute 2da
 Due to Cholelithiasis chronic 10yr

Due to _____

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

Major findings: Of operations 126
 Of autopsy _____

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) (e) Means of injury 0

23. Signature A. L. Walter (M. D. or other) M.D.
 Address Sedalia, Mo Date signed 5-25-45

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

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

6/6/55

NOV 16 1951
NOV 9 1951

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 _____

R. P. M. Leary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.