

FILED JUN 21 1945

Registration District No. 180

Primary Registration District No. 4292

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Winfield 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 In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Winfield Mo.
(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 SARAH PARSONS

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 20
1945, to May 7, 1945;
that I last saw her alive on May 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

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

6. (b) Name of husband or wife W.P. Parsons 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years 77 Months 2 Days 23
If less than one day hr. min.

9. Birthplace Green County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name W. J. Nelson

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

14. Maiden name Mary Eichel

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

16. (a) Informant O. Taylor

(b) Address Winfield Mo.

17. (a) Burial (b) Date thereof May 9, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winfield Mo.

18. (a) Signature of funeral director W. J. Nelson

(b) Address Tracy, Missouri

19. (a) 5-8-45 (b) Mr. Susan Dixon
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Hypertension
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. J. J. Allert M. D. _____
Address Winfield Mo. Date signed 5/8/45

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

7000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-20-45

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Jroy 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.