S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24082

Registration District No. 137 Primary Registration District No. 4-216 5517 Registrar's No. 134

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Calhoun #1 Tor Tur
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Calhoun Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. RR #1 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Harvey Parsons

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Mar 1

6. (b) Name of husband or wife Mary E

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

7. Birth date of deceased Aug 17 (Month) 1875 (Day) (Year)

8. AGE: Years 69 Months 10 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Decatur Co (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Retired Rail Road Employ

11. Industry or business .....

FATHER
12. Name Franklin J Parsons
13. Birthplace Dont Know (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Alica Atha
15. Birthplace Dont Know (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs J H Parsons 1

(b) Address Calhoun RR #1

17. (a) Hopewell (Burial, cremation, or removal) (b) Date thereof 7-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director Consolus & Peck

(b) Address Clinton Mo

19. (a) July 8 (Date received local registrar) (b) Myrtle Brownlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7
year 1945 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from 7-1, 1945 to 7-7, 1945
that I last saw him alive on 7-6, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cavernous occlusion	7 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94W

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 H S Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 7-8-45

1391

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

RECEIVED
D[illegible] Health Officer No. 7,
[illegible] 7-45-810
Date Filed 8-13-45

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 J. E. Consolin

Licensed Embalmer No. 1891

P. O. Address Clinton 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.