S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41903

Registration District No. 227 Primary Registration District No. 5803 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Rural Indiancreek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe City R.I
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Indiancreek Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Monroe City.RI 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dovie Dolly Parsons

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alfred R Parsons

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

7. Birth date of deceased September (Month) 15th (Day) 1880 (Year)

8. AGE: Years 65 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Ruben Douglas
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Harriet Ann Hagar
15. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alfred Parsons
(b) Address Monroe City Mo RR1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 7th (Day) 45 (Year)
(c) Place: burial or cremation Holy Rosary Monroe City

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo.

19. (a) Nov - 15 - 45 (Date received local registrar) (b) Elbert Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5:00 P.M. Nov. 3, 1945, to 10:00 P.M. Nov 3, 1945 that I last saw her alive on Nov. 3, 1945, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	5 hours
Due to Hypertension and Arteriosclerosis	5 years
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 [signature] (M. D. or other) MD
Address [illegible] Date signed 11/4/45

1471

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1945

RECEIVED
District Health Officer No. 10
District File Number 13-45-1827
Date Filed DEC 20 1945

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 By me, Registered Apprentice No. ....., working under my personal supervision.

Signed Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.