. 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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1946

State File No. 42177

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 45

1. PLACE OF DEATH:
(a) County Polk (Marion Township)
(b) City or town Bolivar (Rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 N.W. of Bolivar (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Bolivar (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. 5 Mi N.W. of Bolivar (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Hugh Parrott
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Precia Elizabeth Parrott
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Oct. 18, 1851. (Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Henry Parrott
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Hannah Pate
15. Birthplace ..... (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Arthur Parrott
(b) Address Bolivar, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director Erwin and Blue
(b) Address Bolivar, Mo.
19. (a) Dec. 19, 1945 (Date received local registrar) (b) Ralph Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1945 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from Dec 1 '45, 19 45, to Dec 14, 19 45; that I last saw him alive on Dec 12, 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Uremia
Due to Generalized Arteriosclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 D. C. McCrain (M. D. or other)
Address Bolivar, Mo. Date signed

1533 (Licensed Embalmer's Statement on Reverse Side)

REC[illegible]

[illegible]er No. 7,

12-45-1249

Date [illegible] 1-3-45

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balmar, 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.