

12041

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 15 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374

Primary Registration District No. 4547

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Worth
 (b) City or town Grant City
 (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 no (Specify whether
 In this community 5 yrs years, months or days)

3. (a) PRINT FULL NAME ROBERT JILES PATMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

(b) Name of husband or wife Jennie E Parman 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Dec 15 1867
 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Alexandria MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Valentine Parman

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

14. Maiden name Nancy Fitchner

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

16. (a) Informant Jake Parman

(b) Address Hatfield MO

17. (a) Burial (b) Date thereof 3 6 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City

18. (a) Signature of funeral director Bram Mos

(b) Address Deppner MO

19. (a) Mar - 7 - 1946 (b) L. E. Dawson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Worth 113
 (c) City or town Grant City 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
 year 1946 hour 12 minute 40 AM.

21. I hereby certify that I attended the deceased from Jan 10
1946 to Mar 5 1946
 that I last saw him alive on 2-5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic interstential nephritis
 Duration 2 yrs

Due to _____

Due to _____

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

Major findings: Of operations 131K

Of autopsy no

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 B. J. Bass MD (M. D. or other) ✓

Address Grant City MO Date signed 3-7-46

343 (Licensed Embalmer's Statement on Reverse Side)

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

No. 2
100M-243
Rev. 5-17-3
1 X

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.