

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12857

FILED MAY 9 1946

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 345

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
715 N. Main /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 906 N. Fremont 6
(If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARRIE PARSONS

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased October 5, 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In Home

MOTHER FATHER { 12. Name UNK. Glasser

13. Birthplace Unknown UNK. 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant F. D. Flanagan
(b) Address 906 N. Fremont, Spfld., Mo.

17. (a) Removal (b) Date thereof April 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turon, Kansas

18. (a) Signature of funeral director J.W. Klingner & Co.
Springfield, Mo.

(b) Address _____

19. (a) 4-2546 (b) Wm. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1946 hour _____ minute 10:30a M.

21. I hereby certify that I attended the deceased from Feb. 20, 1946 to Apr. 21, 1946
that I last saw her alive on April 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration _____
heart disease year _____

Due to Arteriosclerosis, general, severe year _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.W. Klingner (M.D. or other) _____

Address 450 1/2 E. Commercial Springfield, Mo. Date signed 22 April 1946

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

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 Roy A. Lewis
Licensed Embalmer No. 1763
P. O. Address Springfield 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.