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STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** APR 26 1946  
198

Registration District No. ....

Primary Registration District No. 4309

Registrar's No. 5

1. PLACE OF DEATH:

(a) County McDonald 60

(b) City or town Southwest City 0

(c) Name of hospital or institution: 1 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days)

3. (a) PRINT FULLNAME Henry Johnson Parish

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

3. (c) Social Security NO 487-05-0019

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Eureka Parish

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 10 1875

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 8 29 hr. min.

9. Birthplace near Westport Tennessee 1

(City, town, or county) (State or foreign country)

10. Usual occupation Sales Clerk

11. Industry or business General Merchandise Store

MOTHER FATHER

12. Name George Parish 1

13. Birthplace --- North Carolina

(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Wallace

15. Birthplace --- Mississippi

(City, town, or county) (State or foreign country)

16. (a) Informant Laura Lee Hunt

(b) Address Southwest City, Missouri

17. (a) Burial (b) Date thereof 4-12-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.W. City, Mo. Cemetery

18. (a) Signature of funeral director A. M. Humphrey

(b) Address Pineville, Mo.

19. (a) 4-19-46 (b) John J. Nichols

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Southwest City 0

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9

year 1946 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from June 10 45 to Apr. 9 46

that I last saw him alive on Dec. 25 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Thrombosis

Due to Hypertensive Heart Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 940

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?

23. Signature R. E. Karmach M.D.

(Specify type of place) (e) Means of injury

Address Southwest City, Mo. Date signed 4-18-46

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

APR 26 1946

**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.....

MO STATE BOARD OF HEALTH

Bureau of Vital Statistics

Registered Apprentice No.....

working under my personal supervision.

APR 26 1946

RECEIVED

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.**