S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17106

Registration District No. 169 Primary Registration District No. 5616 Registrar's No.

1. PLACE OF DEATH:
(a) County Knox County
(b) City or town Knox City "Rural"
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox 52
(c) City or town Rural Myrtle 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles N W Knox City
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME POLINA ANNA PARRISH

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife W. T. Parrish
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 30 (Day) 1864 (Year)

8. AGE: Years 81 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Knox Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business

FATHER
12. Name James Parrish
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Billings
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant W. T. Van Houten
(b) Address Knox City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge
18. (a) Signature of funeral director Geth L Bashaw
(b) Address Wyaconda, Mo
19. (a) April-27-46 (Date received local registrar) (b) Nelle S. Hunnit (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21
year 1946 hour 11 minute 15A M.

21. I hereby certify that I attended the deceased from April 17, 1946 to Apr 21, 1946
that I last saw her alive on Apr 21, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Arteriosclerosis	?
Due to	
Other conditions Chronic Myocarditis and Senility (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 0

23. Signature Waldo B. Brown MD (M. D. or other)
Address Knox City Mo Date signed 4/23/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-935
Date Filed MAY 2 3 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Geo. V. Brasleit

Licensed Embalmer No. 1817

P. O. Address Wyasonda,

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.