S. No. 2
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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

State File No. 29322

FILED SEP 5 1946

Registration District No. 342 Primary Registration District No. 615 3 Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural-Pike (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 years, months or days) In this community 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike
(c) City or town Advance rual (If outside city or town limits, write "RURAL")
(d) Street No. 4 mi south of Advance (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adelia Parris
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
6. (b) Name of husband or wife Joel Parris
(c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 10 (Day) 1859 (Year)

8. AGE: Years 87 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Dent County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace unk (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Martin, Mary
15. Birthplace unk (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Sandford Smith
(b) Address Advance, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Fairdealing, Mo.
18. (a) Signature of funeral director Minnie Gisk
(b) Address Naylor, Mo.
19. (a) 8/31/46 (Date received local registrar) (b) E. L. Stroup (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jun, 1946 to Aug. 9, 1946 that I last saw her alive on July, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration

Due to

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

23. Signature E. C. Masters (M. D. or other) Dr.
Address Advance, Mo. Date signed 8-11-46

361 (Licensed Embalmer's Statement on Reverse Side)

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. ~~4079~~,

working under my personal supervision.

Signed Bryan McCord

Licensed Embalmer No. 4079

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.