

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 7 1946

Registration District No. ~~130~~ 130

Primary Registration District No. 54637

Registrar's No. 25

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Strafford Route # 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route # 1 Strafford (residence) /  
(If not in hospital or institution, write street number or location)

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

In this community 51 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Route # 1 Strafford, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES H. PARSLEY

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Eva Parsley

6. (c) Age of husband or wife \_\_\_\_\_ years

7. Birth date of deceased March 13, 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days

51	3	21	hr.	min.
----	---	----	-----	------

If less than one day \_\_\_\_\_

9. Birthplace Strafford, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name James Harvey Parsley

13. Birthplace ? Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Vaughn

15. Birthplace ? Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Parsley (wife)

(b) Address Rt. 1 Strafford, Missouri

17. (a) Burial (b) Date thereof 7/8/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARSLEY CEMETERY

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address SPRINGFIELD, MISSOURI

19. (a) Oct-31-1946 (b) Louise Prier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1946 hour 4:30P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 4, 1946 to July 4, 1946  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 W F Bell (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address Springfield

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

MOTHER FATHER

117

JAN 24 1947

NOV 27 1950

NOV 7 1946

NOV 1947

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 *L. A. Roof*

Licensed Embalmer No. 3044

P. O. Address Springfield MA

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.