

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 187

1. PLACE OF DEATH
 (a) County Knox
 (b) City or town Edina
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life
 (Specify whether
 In this community Life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Knox 52
 (c) City or town Edina 1
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Estella Vivian Parson

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 5th
 year 1946 hour 4 minute 15 A. M.

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

21. I hereby certify that I attended the deceased from July 20
2, 1946 to Oct 5, 1946
 that I last saw her alive on Oct 5, 1946
 and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

Immediate cause of death
Apoplexy

6. (b) Name of husband or wife Fred B. Parson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec -18 - 1866
 (Month) (Day) (Year)

Due to Apoplexy
 Due to _____

8. AGE: Years 79 Months 9 Days 17 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)

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

Major findings:
 Of operations 1137
 Of autopsy _____

10. Usual occupation Homekeeper

11. Industry or business _____

12. Name Aaron Oldfather
 13. Birthplace Preble County Ohio
 (City, town, or county) (State or foreign country)

14. Maiden name Rachael Beckins
 15. Birthplace Knox Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Estella B. Parson
 (b) Address Truesdale Mo.

17. (a) Burial (b) Date thereof Oct-6-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Linville, Edina Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

18. (a) Signature of funeral director Keith Hudson
 (b) Address Edina Mo.

(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 3

19. (a) Oct-7-46 (b) Nelle S. Nimelt
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address Edina Mo. Date signed 10/6/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 10-46-1923
Date Filed OCT 16 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 Keith Hudson
Licensed Embalmer No. 2415
P. O. Address Edina, Minn.

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.