No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36678

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 938

1. PLACE OF DEATH:

(a) County Green

(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trotter Rest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 715 N. Main (Specify whether
In this community 6 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Green 1

(c) City or town Springfield Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 715 North Main St. 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Celia Florence Parsons

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 28 (Day) 1875 (Year)

8. AGE: Years 71 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace ? (City, town, or county) Mo. (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name N. A. Inman
13. Birthplace ? (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Mary J. Roberts
15. Birthplace ? (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant W. N. Inman
(b) Address Nixa Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetery

18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.

19. (a) 11-25-46 (Date received local registrar) (b) N. G. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from about 1 month, 19 , to Nov 7, 1946
that I last saw her alive on Nov 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiorenal Syndrome

Due to Carcinoma of Stomach (Coffee ground vomit. Tarry stool)

Due to arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

46 E

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? — (Specify type of place)

While at work? (e) Means of injury

23. Signature Garrett Hogg M.D. (M. D. or other)

Address 1103 Roanoke Springfield Date signed 11/25/46

(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.....,

working under my personal supervision.

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

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.