

S. No. 2
M-8-43
v. 5-17-39
X37823

37914

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 25 1946
Registration District No. 274

Primary Registration District No. 2052

Registrar's No. 433

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1004 West 3rd
(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) 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 West Third
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ESTHER LEONA PARSLEY

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 Married

6. (b) Name of husband or wife James M. Parsley

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 7 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 11 6 _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name Edwin Breneman Baker

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

14. Maiden name Margaret Alice Reedy

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

16. (a) Informant James M. Parsley

(b) Address 1004 West 3rd, Sedalia, Mo

17. (a) Burial (b) Date thereof 11-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia

19. (a) 11/15/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1946 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from
Over 24 years 19 _____ to Nov 13 1946;
that I last saw h. er alive on Nov 12 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Carcinoma of the Ovary 3 years

Due to _____

Due to _____

Other conditions None other
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

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

23. Signature Geo B. Carlier M.D. (M. D. or other) _____

Address Sedalia Mo Date signed 11-13-46

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

36901

251 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-23-46

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. F. Parker

Licensed Embalmer No. 3840

P. O. Address 610 West 3rd, Sedalia

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.