

S. No. 2
OM-5-43
v. 5-17-39
X36671

41874

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 14 1947

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution:
Axtell Hospital
(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) 11 Years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Edward F. Parmenter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 25 1865
(Month) (Day) (Year)

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

81 7 1 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Joseph. Parmenter

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

14. Maiden name M. Spry

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

16. (a) Informant A. G. Parmenter
(b) Address Harris, Mo.

17. (a) removal (b) Date thereof 12-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grimes Ceme. Iowa

18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.

19. (a) 12-30-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1946 hour 6:15 minute 15 M.

21. I hereby certify that I attended the deceased from Dec. 1946 to Dec 26 46
that I last saw him alive on Dec 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis approx. 10 yrs

Due to arterio sclerosis

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 9'9'D

Of operations _____

Of autopsy _____

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? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Harris, Mo Date 12/27/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

40187

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *H. Evan Martin*

Licensed Embalmer No. *3760*

P. O. Address *Pamilton, 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.