

No. 2
-12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947
Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9962
Registrar's No. 85

Primary Registration District No. 3043

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Harribal
(c) Name of hospital or institution: Levering 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion **64**
(c) City or town Harribal **3**
(If outside city or town limits, write "RURAL")
(d) Street No. 1713 Grace St. **4**
(If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline F. Golden
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 20
year 1947 hour minute 6:20 PM.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced W. Dow
6. (b) Name of husband or wife John P. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased October 15 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1st 1945 to Feb 20th 1947
that I last saw her alive on Feb 20th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death General Debility of aged Duration 2 yrs
Due to

8. AGE: Years Months Days If less than one day
82 4 5 hr. min.

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 167 D
Of autopsy

9. Birthplace Harribal Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business
MOTHER FATHER
12. Name Christian Parzenberg **4**
13. Birthplace Germany **4**
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina
15. Birthplace Germany **4**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. John Golden
(b) Address 1713 Grace Harribal Mo
17. (a) Burial (b) Date thereof Feb 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. OLIVET Cem

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?

18. (a) Signature of funeral director James O'Donnell
(b) Address Harribal Mo
19. (a) 2-26-47 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature V. G. Sultman M.D. or D.O. **5**
Address Harribal Mo Date signed 2/24/47

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. M. O'Connell*.....

Licensed Embalmer No..... *3889*.....

P. O. Address..... *Hannibal 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.