

No. 2
-12-45
-17-39

X47970

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23192**

FILED JUL 3 5 1947

Registration District No. **3**

Primary Registration District No. **6217**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Tarmon**

(b) City or town **Rural-Badger Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Tarmon**

(c) City or town **Rural**
(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 **Baxter Blaud Parsons**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22nd.**
year **47** hour **12** minute **30A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Carl Robinson Parsons**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Aug 8 1981**
(Month) (Day) (Year)

Immediate cause of death **Fracture of skull and broken shoulder (left.)**

Due to **run over by car**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
65	10	12	hr. _____ min. _____

9. Birthplace **Carrollton Co. Missouri**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy **no**

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Harvey A. Parsons**

13. Birthplace **Deerbrook Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Verna Gale**

15. Birthplace **Deerbrook Tennessee**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 108**

(b) Date of occurrence **6-22-47**

(c) Where did injury occur? **Country road**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On public road

While at work? **no** (Specify type of place) (e) Means of injury **Run over by car**

23. Signature **Marsh E. Lichner** (M. D. or other) **3**

Address **Nevada, Mo** Date signed **6-25-47**

16. (a) Informant **Carl Parsons**

(b) Address **Nevada R.R. 3**

17. (a) **Burial** (b) Date thereof **June 24 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Deerbrook Rural Park**

18. (a) Signature of funeral director **Allen T. Telford**

(b) Address **Nevada, Mo**

19. (a) **July 5 1947** (b) **Mrs. Ruth Faith**
(Date received local registrar) (Registrar's signature) **920**

RECEIVED
District Health Officer No. 7,
District File Number 6-47-784
Date Filed 7-7-47

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.

Signature *Allen J. Kaye*
Licensed Embalmer No. *1968*
P. O. Address *Nevada, 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.