S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. 227

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5804

State File No. 24876

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Rural - Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 miles S. of Paris
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles S. of Paris 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clyde Parrish

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Nora M. Parrish

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

7. Birth date of deceased April 2nd, 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	3	17	hr. min.

9. Birthplace Monroe County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Parrish 0
13. Birthplace Monroe County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Parrish
15. Birthplace Monroe County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Parrish
(b) Address RFD, Paris, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 21, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Bethal Cem., Holliday, Mo

18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri

19. (a) 7-19-47. (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 0.5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec. 4th, 1947, to July 19th, 1947
that I last saw him alive on July 18th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	12 hrs
Due to Arterio Sclerosis	N.K.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94A
Of autopsy

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 0

23. Signature Elbert Baker (M. D. ~~or other~~)
Address Paris, Missouri. Date signed 7-19-47.

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1947

RECEIVED
District Health Officer No. 10
District File Number 8-47-102
Date Filed AUG - 5 1947

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 A G Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Missouri

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.