

S. No. 2  
M-5-43  
7. 5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41466

FILED JAN 12 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 1018-A

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
OZARK OSTEOPATHIC HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
Specify whether

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Lewis Benjamin Parvin

3. (b) If veteran,  name war \_\_\_\_\_ 3. (c) Social Security No.         

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Agnes Parvin 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Oct. 19 1906  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>1</u>	<u>5</u>	<u>        </u> hr. <u>        </u> min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Benjamin Parvin

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

14. Maiden name Tennessee Thomas

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

16. (a) Informant Mrs Agnes Parvin

(b) Address Crane, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10 / 47  
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director [Signature]

(b) Address Aurora, Mo

19. (a) 11-26-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Berry

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1947 hour 8 minute          M.

21. I hereby certify that I attended the deceased from 11-18-47, 19         to 11-24-47, 19        ; that I last saw him alive on 11-24-47, 19        ; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Lobar pneumonia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R.A. Michael M.D. or other \_\_\_\_\_  
Address Springfield, Mo (City or town) (State)

(Licensed Embalmer's Statement on Reverse Side)

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

39  
0  
0

47

APR 21 1940

STATEMENT BY LICENSED EMBALMER

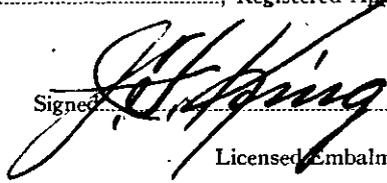
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Walter S. Cobb

....., Registered Apprentice No. 94

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 3529

P. O. Address..... Aurora, 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.