

1. PLACE OF DEATH
(a) County: McDonald
(b) City or town: Moel - Rural
(c) Name of hospital or institution: None
(d) Length of stay: In hospital or institution: None
In this community: None

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: McDonald
(c) City or town: Moel - Rural
(d) Street No.:
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME: FRANCIS-ELNORA PARISH
3. (b) If veteran name war: None
3. (c) Social Security No.: None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 15
year 1947 hour 2 minute 15 P M.
21. I hereby certify that I attended the deceased from May
1947 to Dec 15 1947
that I last saw him alive on Dec 15
and that death occurred on the date and hour stated above.

4. Sex: F. 5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Jesse Parish
6. (c) Age of husband or wife if alive: 77 years
Birth date of deceased: Nov. 4-1878

Immediate cause of death:
hypostatic lobar pneumonia
Due to: hepatic cirrhosis
chronic glomerulonephritis

8. AGE: Years 69 Months 1 Days 11
If less than one day hr. min.

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

10. Usual occupation: housewife

11. Industry or business: same

12. Name: J. W. Pearson

13. Birthplace: unknown rural
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Everett Parish
(b) Address: Moel Mo.

17. (a) Burial (b) Date thereof: 12-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Old Oak Cemetery

18. (a) Signature of funeral director: [Signature]
(b) Address: Pineville Mo.

19. (a) 1-10-48 (b) Virginia Buck
(Date received local registrar) (Registrar's signature)

Other conditions:
Major findings:
Of operations:
Of autopsy: [Signature]

PHYSICIAN
Underline the cause of 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature: [Signature] (M. D. or other)
Address: Moel Mo. Date signed: Dec 16

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

MOTHER FATHER

639

RECEIVED
District Health Officer No. 6;
District File Number 148-86
Date Filed JAN 14 1948

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 me

..... Registered Apprentice No. ✓
working under my personal supervision.

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderton 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.