

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED JAN 15 1948

Registration District No. **109** Primary Registration District No. **5424**

1. PLACE OF DEATH:

(a) County **DUNKLIN**

(b) City or town **CAMPBELL RURAL, UNION**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(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 **MO.** (b) County **DUNKLIN 25**

(c) City or town **CAMPBELL 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 **MARTHA PARRENT**

3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. **NONE**

4. Sex **FEMALE** **5. Color or** _____ **6. (a) Single, widowed, married,** _____
race **WHITE** divorced **WIDOWED**

6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if** _____
J.R. PARRENT alive _____ years

7. Birth date of deceased. **AUGUST 1 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	76	5	3	

9. Birthplace. **TENN.**
(City, town, or county) (State or foreign country)

10. Usual occupation. **HOME MAKER**

11. Industry or business. **OWN HOME**

12. Name. **JOHN BENSON**

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

14. Maiden name. **BETTY HARDING**

15. Birthplace. **Perdy TENN.**
(City, town, or county) (State or foreign country)

16. (a) Informant. **MRS. SYLVIA HOWELL**

(b) Address. **CAMPBELL MO.**

17. (a) _____ (b) Date thereof. **1-5-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **CAMPBELL**

18. (a) Signature of funeral director. **Walter Prigall**

(b) Address. **Perdy Ark.**

19. (a) 1-5-1948 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **4**
year **1948** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Oct 1 1944** to **Jan 2 1948**
that I last saw him alive on **Jan 2 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion** **1 min.**

Due to **Hypertensive Cardio-Vascular disease** **47 yrs.**

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____

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. **Wallace A Selby** (M. D. or other) **md.**
Campbell mo. Date signed **1/5/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District File Number 148-29
Date Filed 1-17-48

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 Lloyd Kincaid
Licensed Embalmer No. 509 Ark
P. O. Address Fayette Ark

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.