S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2192

FILED FEB 16 1948

Registration District No. 346

Primary Registration District No. 6075

Registrar's No. 33

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mos. 8 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BEN HARRISON PARSONS

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elsie Swift

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

7. Birth date of deceased August (Month) 20, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	4	hr. min.

9. Birthplace Crane, Stone Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teaching

11. Industry or business Was also a minister

FATHER
12. Name Hiram N. Parsons
13. Birthplace Harrison (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Sarah C. Burk
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crane, Missouri

18. (a) Signature of funeral director Manlove Funeral Home
(b) Address Crane, Missouri

19. (a) 2-3-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 17, 1947 to January 24, 1948; that I last saw him alive on January 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy.	

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? (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)
(e) While at work? (e) Means of injury

23. Signature George W. Reeves (M.D. or other) M.D.
Address Farmington Mo. Date signed 1-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 248-194
Date Filed 2-12-48

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

Signed Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.