No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1948

Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5447

State File No. 4472

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural. Ho ward, TWP
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution None (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 31

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis Marrman Parrish

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 Fannie Parrish

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January (Month) I (Day) 1869 (Year)

8. AGE: Years 79 | Months I | Days I4 | If less than one day ..... hr. ..... min.

9. Birthplace Anderson Co (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Osborne Parrish
13. Birthplace (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Rebbeca. A. Miller
15. Birthplace (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Paul Parrish
(b) Address Stanferry Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) I7 (Day) 1948 (Year)
(c) Place: burial or cremation Lone Star Cemetry

18. (a) Signature of funeral director Bram Brothers
(b) Address Denver MO

March 2-1948 (Date received local registrar) (b) Homer N. Webster (Registrar's signature) 1 A 33

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day I5
year I948 hour 4 minute p M.

21. I hereby certify that I attended the deceased from Feb 15, 1948, to Feb 15, 1948;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pectoris Angina	30 min
Due to Old Age & Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 B

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? 3
(Specify type of place)

While at work? (e) Means of injury

23. Signature Charles N Williamson Coroner Gentry Co (M. D. or other)

Address Gentry Mo Date signed 2-23-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J P Brown

Licensed Embalmer No. 2947

P. O. Address Denver, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.