

BUREAU OF THE CENSUS
FILED JUN 1 1948

Registration District No. 352

Primary Registration District No. 4576

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Jamez
(b) City or town Fansyth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jamez
(c) City or town Fansyth
(If outside city or town limits, write "RURAL")
(d) Street No. P.O. Box
(If rural, give location)
(e) Citizen of foreign country? USA (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alou-F. Parish

3. (b) If veteran, name war

War II

3. (c) Social Security No.

No. _____

4. Sex Male

5. Color or race N

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased: Dec 19 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Fansyth mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name A.L. Parish

13. Birthplace mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Pinkie Brown

15. Birthplace mo 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pinkie Parish

(b) Address Fansyth mo

17. (a) Buried (b) Date thereof 5-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremations Fansyth Funeral Home

18. (a) Signature of funeral director Fansyth mo

(b) Address Fansyth mo
19. (a) 5-21-48 (b) A. E. Loggins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1948 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from at death on May 15
that I last saw him alive on Dec 5-15
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Asmotic Heart

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

Major findings: Of operations 940
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? _____

23. Signature Garry Fansyth 3
Address Dr. Gordon mo Date signed 5-17-48
(Specify type of place) (e) Means of injury

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

S. M. 17-30 X33697

RECEIVED

District Health Officer No. 6,

License No. 548-652

Date filed MAY 27 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Minnie L. Whelsh*

Licensed Embalmer No. *2277*

P. O. Address *Branson 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.