FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5218

Primary Registration District No.

State File No. 22480

Registrar's No. 116

1. PLACE OF DEATH
(a) County: Cass
(b) City or town: Rural Big Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8 miles West of Pleasant Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 72 years (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 8 Miles West of Pleasant Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George Parrott
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Elizabeth Parrott
6. (c) Age of husband or wife if alive: 1886 years
7. Birth date of deceased: May (Month) 15 (Day) 1886 (Year)

8. AGE: Years 82 Months 1 Days 20 If less than one day hr. min.

9. Birthplace: Magnolia (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farmer

MOTHER FATHER
12. Name: J. Jackson Parrott
13. Birthplace: Sumersete (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Matalda Humbarger
15. Birthplace: Sumersete (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Wilmott Parrott
(b) Address: Pleasant Hill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.
18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill, Mo.
19. July 13-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1948 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from June 21 1945 to July 2 1948 that I last saw him alive on June 30 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Rectum	?
Due to: Prostatic Ca -	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: N
Of autopsy: N

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)
While at work? (e) Means of injury

23. Signature: Martin W. Robbins (M. D. or other) MD
Address: Raymore, Mo. Date signed 7/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 By me -, Registered Apprentice No. working under my personal supervision.

Signed Allen Brownsville

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.