

FILED NOV 30 1948  
Registration District No. **301972**

Primary Registration District No. **4544**

Registrar's No. **576**

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

1. PLACE OF DEATH:

(a) County **Webster**  
(b) City or town **Nianqua**  
(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 **x**  
In this community **6 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster**  
(c) City or town **Nianqua**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **x**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **x**

3. (a) PRINT FULL NAME **Rachel Oliva Parscale**

3. (b) If veteran, name war **x** 3. (c) Social Security No. **x**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Albert Parscale** 6. (c) Age of husband or wife if alive **x** years

7. Birth date of deceased **April - 14 - 1880**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **15** If less than one day **x** hr. **x** min.

9. Birthplace **Webster County, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Ben James**

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

14. Maiden name **Sarah Larimer**

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

16. (a) Informant **Mrs. Joe Maroney (dau.)**

(b) Address **Nianqua, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 31 - 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eureka**

18. (a) Signature of funeral director **J. J. Rainey**

(b) Address **Marshfield, Mo.**

19. (a) **11-12-48** (b) **J. J. Rainey**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29**  
year **1948** hour **6** minute **0** p. M.

21. I hereby certify that I attended the deceased from **Oct 15**  
19 **48**, to **Oct 29** 19 **48**  
that I last saw her alive on **Oct 29** 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Right Tuber**  
Due to **Pneumonia**

Due to **Pneumonia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **10%**  
Of autopsy **1**

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? **U**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. J. Schmitt** (M. D. or other) **11-12-48**  
Address **Nianqua** Date signed **11-12-48**

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

RECEIVED

District Health Officer No. 6;

District File Number 1148-1290

Date Filed 11-26-48

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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.....

Licensed Embalmer No. 3312

P. O. Address Mark J. Jelf

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.