FILED FEB 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2462
Do not use this space.

53

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 5440 — Registered No.
(c) or City Springfield — (d) Street No. Ozark Osteopathic Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Belle Parsons
(a) Residence, No. 701 Fourth St. St. Monett — Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene Parsons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1883

7. AGE: Years 56 — Months 4 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Osteopath
9. Industry or business in which work was done, as saw mill, bank, etc. Physician
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, Nebraska

FATHER
13. NAME E. A. Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Indiana.

MOTHER
15. MAIDEN NAME Sarah Shipp,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) E. T. Parsons 701 Fourth St., Monett, Mo.

18. BURIAL PLACE I.O.O.F. Cemetery DATE Jan. 19, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Callaway's, Monett, Mo.

20. FILED 1/19/ 1940 Chas. A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-21-, 1940, to 1-17-, 1940
I last saw her alive on 1-17-, 1940 Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma	
metastasis	
50	

Other contributory causes of importance:

History of hysterectomy	12 yrs ago
Carcinoma of breast removed.	1 yr ago
may have been primary	

Name of operation Laparotomy Date of 1-8-40
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) William L. Wetzel M.D.
(Address) Springfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

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 J. D. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monett Mo.

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

If this body is not embalmed, above space should be left blank.