DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3380

Registration District No. 678 — Primary Registration District No. 590 b — Registrar's No.

**1. PLACE OF DEATH:**

(a) County Phelps.

(b) City or town Rural, South Meramec (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 24. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Phelps.

(c) City or town Rural. - South Meramec (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Kenneth Oscar Parry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 3. (Day) 1915 (Year)

8. AGE: Years 24 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Country - Phelps. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business 0

FATHER
12. Name Caleb Oscar. Parry 0
13. Birthplace Phelps Co. Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Ella Rhinehart
15. Birthplace Phelps Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. O. Parry

(b) Address Phelps Co. Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1 (Month) 14 (Day) 40 (Year)

(c) Place: burial or cremation Asher. Cemetary

18. (a) Signature of funeral director Hobson & Grantham N. D. Hobson

(b) Address Salem. Mo.

19. (a) 1-15-40 (Date received local registrar) (b) Elsie B. Hoyt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day Tenth year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Dec 20, 1939 to Jan 10, 1940 that I last saw him alive on Jan 3, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombus | Instant |
| Due to Valvular Heart Lesion | 6 yrs |
| Due to Diphtheria | 6 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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? (Specify type of place)

(e) While at work? (e) Means of injury

23. Signature William H Breuls (M. D. or other)

Address St James Mo Date signed 1-12-40

(Licensed Embalmer's Statement on Reverse Side)

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.

## 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 N. D. Folsom, Registered Apprentice No. ....., working under my personal supervision.

RECEIVED
District Health Officer No. 5,
District File Number 240204
Death Record 21440

Signed N. D. Folsom

Licensed Embalmer No. 928

P. O. Address Gilman Me.

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

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