

10-39
17-39
X21492

92 Registration District No. 760A Primary Registration District No. 5999 State File No. Registrar's No.

1. PLACE OF DEATH

(a) County St. Charles, Missouri
(b) City or town Wentzville Rural
(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 2
In this community 83-9-12
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Peter Parr 600
(b) If veteran, name war (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Rosema Parr 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased July 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 12 If less than one day hr. min.

9. Birthplace West Hill Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 9

11. Industry or business

12. Name Peter Parr
13. Birthplace Don't know Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Parr
15. Birthplace Don't know Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rosema Parr
(b) Address Wentzville Mo. R.R. 2

17. (a) Burial, cremation, or removal West Hill Mo. (b) Date thereof 4-20-1940
(Month) (Day) (Year)

(c) Place: burial or cremation West Hill Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Wentzville Mo.

19. (a) (Date received local registrar) (b) Registrar's signature [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town Wentzville (If outside city or town limit write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 1939 to April 17 1940
that I last saw him alive on 4/17 and that death occurred on the date and hour stated above.

Immediate cause of death Unrecorded degeneration

Due to

Due to

Other conditions Severity (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature H.C. McMurray (M. D. or other) 174P

Address Wentzville, Mo. Date signed 4/18/40

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

MOTHER FATHER

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 *P. E. Putman*.....

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15921

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 760A

Primary Registration District No. 3909

Registrar's No.

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

1. PLACE OF BIRTH:

(a) County: St Charles

(b) City or town: Cassio

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution

In this community: (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Peter Pass

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: m

6. (b) Name of husband or wife:

6. (c) Age of husband, or wife, if alive: year

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

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

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name:

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

14. Maiden name:

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

16. (a) Informant:

(b) Address:

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

(c) Place: burial or cremation:

18. (a) Signature of funeral director:

(b) Address:

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Charles

(c) City or town: Flint Hill (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 17 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death:

Due to:

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

Duration

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?

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

23. Signature: H. C. Mc Murray (M. D. or other)

Address: Wentzville, Mo Date signed:

