

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 824 Primary Registration District No. 6076 Registrar's No. _____

1. PLACE OF DEATH:

(a) County SHANNON

(b) City or town EMINENCE

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____
years, months or days 13 yrs

3. (c) PRINT FULL NAME HENRY NAPOLEON PARSONS

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lucy Caroline

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased JULY 29 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Petis Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation CAFE OWNER

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM PARSONS

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

14. Maiden name FRANCES JAMISON (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Hyde W 000

(b) Address 6 MINENCE

17. (a) SYRACUSE MO. (b) Date thereof 4-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse Mo.

18. (a) Signature of funeral director Frank Hyde

(b) Address Don Burial Mo.

19. (a) 4-25-40 (b) Frank Hyde
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SHANNON

(c) City or town EMINENCE Mo.
(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 4 day 24
year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1 -
1940, to Apr 24 - 1940
that I last saw him alive on Apr 20 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature Frank Hyde (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____

Address Eminence Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 4-25-40

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Philip J. Leuchel

Licensed Embalmer No. 2936

P. O. Address Von Buren M

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.