

FILED SEP 24 1941

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

28749

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lewis Registration District No. 447 4  
 (b) Township Reddish Primary Registration District No. 200 Registered No. 71  
 (c) City La Belle (d) Street No. 056 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 1 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vesta Garland Parrish

(a) Residence, No. La Belle, Mo. (Rural) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George F. Parrish  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1884  
 7. AGE YEARS 56 MONTHS 10 DAYS 28 If LESS than 1 day, ... hrs. or ... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) July 1941 11. Total time (years) spent in this occupation Life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.  
 FATHER 13. NAME Julian B. Cooper  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Emma Scott  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co. Mo.  
 17. INFORMANT (ADDRESS) Mrs. Ivan Wetman, La Belle, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Ridge DATE July 31, 1941  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomas Call, Ewing, Mo.  
 20. FILED 8/2/41 19 P. D. Jennings, M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1941  
 22. I HEREBY CERTIFY, that I attended deceased from July 29, 1941, to July 29, 1941  
 I last saw her alive on July 29, 1941. Death is said to have occurred on the date stated above, at 11:22 a.m.  
 The principal cause of death and related causes of importance were as follows:

apoplexy830

Other contributory causes of importance:

High blood pressure and paralysis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis None Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Harry S. McRackin, M.D.  
 (Address) La Belle, Mo.

(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.

1541-7-29  
1584-8-31  
56-10-28

RECEIVED

District Health Officer No. 10

District File Number 9-4-1757

Date Filed SEP 22 1941

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address.....

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.