

Registration District No. **192**

Primary Registration District No. **5273**

Registrar's No.

1. PLACE OF DEATH:

(a) County Black
(b) City or town Rural Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Black
(c) City or town Rural Jefferson Twp
(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 Aug. day 30th
year 1941 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from _____, 1939, to Aug 12, 1941;
that I last saw her alive on Aug 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Duration _____

Due to Senile
Due to _____
Other conditions (include pregnancy within 3 months of death) 92d

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature J. H. Mott (M. D. or other) UG 31
Address Farmington, Mo. Date signed 8/31/41

3. (a) PRINT FULL NAME Minerva Mae Parsons

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. W. 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Charles Parsons 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 29 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Hancock Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name William Neely

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

14. Maiden name Martha Bourner

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

16. (a) Informant Lloyd Nixon

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof Sept 1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chambersburg Cem.

18. (a) Signature of funeral director Fred F. Karle

(b) Address Kahoka, Mo.

19. (a) Aug 30 1941 (b) J. H. Mott
(Date received by registrar) (Registrar's signature)

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

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

Fred Karl
.....
Licensed Embalmer No. *1023*

P. O. Address *Kohoka W*

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.