

Registration District No. 532

Primary Registration District No. 5711

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison Mo
(b) City or town La Plata (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 _____
In this community 7 months
years, months or days

8. (a) PRINT FULL NAME David Parrish

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

4. Sex MC 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary A. Zunker
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 10 68
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>3</u>	hr. _____ min.

9. Birthplace Edina (Rural) Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name John Parrish
13. Birthplace Edina Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Jullig
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis Clary
(b) Address Edina Mo.

17. (a) Burial (b) Date thereof 9-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harpard Edina Mo.

18. (a) Signature of funeral director Reed Hudson

(b) Address Edina Missouri

19. (a) Sept 14-41 (b) Louis Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Edina (Rural)
(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 September day 13
year 1941 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 11
1941 to Sept 13 1941
that I last saw him alive on Sept 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute
circulatory collapse
Due to Chronic myocarditis
Due to arteriosclerosis
Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 Ralph W. Jullig (M. D. or other) MD
Address La Plata Mo. Date signed 9/13/41

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

160

RECEIVED

District Health Officer No. 10

District File Number 10-41-1790

Date Filed OCT 8 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 Keith Hudson

Licensed Embalmer No. 2413

P. O. Address Edina, Minnesota

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.