

S. No. 2
-1-4-41
5-17-39
P-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7388**

NEW MAR 13 1942
Registration District No. **1076**

Primary Registration District No. **5870-2002A**

Registrar's No. **37**

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

1. PLACE OF DEATH:
(a) County **Gosper Newton**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **lifetime** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Dona Marie PARRY**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **St 1** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 17 - 1937**
(Month) (Day) (Year)

8. AGE: Years **4** Months **5** Days **0** If less than one day hr. _____ min. _____

9. Birthplace **Joplin Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Parris**
13. Birthplace **Linwood Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Mc Innis**
15. Birthplace **Slater Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Parris**

(b) Address **3510 Oak Ridge Dr**

17. (a) **Burial** (b) Date thereof **Feb 19 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope**

18. (a) Signature of funeral director **Frank Hill Dillon**

(b) Address **4th & Wall St**

19. (a) **2-20-42** (b) **G. L. G. G. G.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Gosper** **73**
(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **3510 Oak Ridge Dr** **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **17th**
year **1942** hour **1:45** minute **a** M.

21. I hereby certify that I attended the deceased from **August**
1941 to **Feb 17** **1942**
that I last saw **her** alive on **Feb 16** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Lymphatic Leukemia to MO.**
Due to **Enlarged Spleen**
Due to **Wet cough** **1941**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **9**
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) _____
Means of injury _____
23. Signature **G. L. G. G. G.** (M. D. or other) **6**
Address **Joplin Mo** Date signed **2/19/42**

1942 (Licensed Embalmer's Statement on Reverse Side)

42-2-142

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..... *David Dillow*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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, fact should be so stated above.