V. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14711

State File No.

Registration District No. 431 Primary Registration District No. 5590 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg (Rural) Columbus

(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 74 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg (Rural) Columbus 1

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mallie Parsons

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Parsons

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

7. Birth date of deceased June (Month) 2 (Day) 1855 (Year)

8. AGE: Years 86 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Ringo (City, town, or county) Ga (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name James White
13. Birthplace Unknown (City, town, or county) Ga (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace Unknown (City, town, or county) Ga (State or foreign country)

16. (a) Informant Mrs Harry Culp
(b) Address Warrensburg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Jacoby Chapel

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) April 11-42 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1942 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 28, 1942, to April 9, 1942 that I last saw her alive on April 9, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rt. Cerebral Hemorrhage	2 wk
Due to Hypertension Cardio-vascular disease	3 yrs
Due to	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)	4 yrs

Major findings:
Of operations 93d
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] M D (M. D. or other)
Address Warrensburg Mo Date signed April 9, 1942

1001 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Unit No. 8
District File Number
Date Filed 5-5-42

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 Earl Priest, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.