

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18481

State File No. _____

FILED JUN 13 1942
Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 140

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

64
3
4

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Harrison

(c) Name of hospital or institution: St Elizabeth

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion

(c) City or town Harrison

(d) Street No. 815 Sycamore

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Deborah M. Parsdell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour _____ minute 2 A.M.

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased April 17, 1942

21. I hereby certify that I attended the deceased from April 17 to April 18 1942 that I last saw her alive on Apr 18 and that death occurred on the 18 and hour stated above.

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

Immediate cause of death Hemorrhagic disease Duration 1 day

9. Birthplace Harrison, MO

Due to perinatal
trauma

10. Usual occupation _____

Due to _____

Other conditions _____

11. Industry or business _____

12. Name Clifton Parsdell

13. Birthplace Phil MO

14. Maiden name Kucille McLaughlin

15. Birthplace MO

Major findings: Of operations ✓

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Clifton Parsdell

(b) Address 815 Sycamore St Harrison MO

17. (a) burial (b) Date thereof 4/20/42

(c) Place: burial or cremation Evander, MO

18. (a) Signature of funeral director James W. Conner

(b) Address Harrison MO

19. (a) 5-20-42 (b) R. W. Conner

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? no injury

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. P. Birney (M. D. or other) MD

Address Harrison MO Date signed 5-20-42

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.....

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

Signed..... *Michael J. Lawrence*

Licensed Embalmer No. *3240*

P. O. Address..... *Hannibal 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.