

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

SEP 14 1942
Registration District No. 226 255

Primary Registration District No. 8-43-5875

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Moore Oregon
(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.....
In this community 68 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Alton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Polly Parrott

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Jesse Parrott 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 8 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 - 11 hr. min.

9. Birthplace Greer Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name Gilbert Williams
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sally Simpson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Parrott
(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 3/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huddleston Cem.

18. (a) Signature of funeral director.....
(b) Address.....
19. (a) 4/6 1942 (b) Henry Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1942 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from for the last 2 years 1940 to time of death, 1942
that I last saw her alive on Feb 28, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Heart trouble

Due to Old age

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy none
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) no
(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 0
23. Signature H. Parrott (M. D. or other)
Address Alton Mo Date signed 3/24/42

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

RECEIVED

District Health Officer No. 5,

District File Number

942808

Date Filed

9-11-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.