

FILED DEC 12 1942

Registration District No.

Primary Registration District No. 4771

Registrar's No. 825

44
0

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

1. PLACE OF DEATH:

(a) County Holt.

(b) City or town Mound City.
(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 years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt.

(c) City or town Mound City.
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mary Pauline Parrett.

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 married

6. (b) Name of husband or wife Joe Parrett. 6. (c) Age of husband or wife if alive 72. years

7. Birth date of deceased Aug 6th 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 12. If less than one day hr. mjn.

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

10. Usual occupation House Work.

11. Industry or business.....

12. Name Henry D. Walker.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mann.

15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Core Smith
(b) Address Mound City. Mo.

17. (a) Burial (b) Date thereof 11/21/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cemetery.

18. (a) Signature of funeral director W. G. Gray
(b) Address Mound City. Mo.

19. (a) 11-21-42 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th. year 1942 hour 1 o'clock minute 30 a.m.

21. I hereby certify that I attended the deceased from 18th Nov 1942 to 130 am 1942

that I last saw him alive on Nov 18-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Rupture of Blood vessel at base of Brain.

Due to.....

Other conditions 3a
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy no

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
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury.....

23. Signature Lesney (M. D. or other)

Address Mound city mo Date signed 11-20-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1185

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.....

W. H. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Mound City 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.