7. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 2370

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3050

Dr. Pinion

State File No. 41520

Registrar's No. 98

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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: Life-time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No.: X
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Lillian Parnell

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Owen Parnell

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: July (Month) 25 (Day) 1903 (Year)

8. AGE: Years 39 | Months 5 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Jackson (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: House-wife

11. Industry or business:

FATHER
12. Name: Lee Richard
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Mini Beshers
(b) Address: Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Cemetery

18. (a) Signature of funeral director: H. S. Smith
(b) Address: Caruthersville, Mo.

19. (a) 12-30-1942 (Date received local registrar) (b) Jessie H. Markey (Registrar's signature)

1206

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th, year 1942 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct. 15 — 1942 to Dec. 29th 1942 that I last saw him alive on Dec. 22 — 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	several years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
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) (e) Means of injury:

23. Signature: J. R. Pinion (M. D. or other)
Address: Caruthersville, Mo. Date signed 12-29-42

(Licensed Embalmer's Statement on Reverse Side)

L 18-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, ~~or by~~ Body was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.