

FILED JUN 12 1943

Registration District No. _____

Primary Registration District No. 5499

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bural Lincoln Twp
(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 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln
(c) City or town Bural
(d) Street No. Hatfield, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT HENRY PARSONS

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

4. Sex m 5. Color or White
6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Sarah Jane Parsons

6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 1 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 27
If less than one day hr. _____ min.

9. Birthplace Wakarusa, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Isaac Parsons

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

14. Maiden name Jemima Hall

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

16. (a) Informant Charles Parsons

(b) Address Hatfield, Mo

17. (a) Bural (b) Date thereof 3-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel

18. (a) Signature of funeral director A. C. Duffee

(b) Address _____

19. (a) May 31 1943 (b) Chas Adair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1943 hour 10⁰⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 10 - 1941 to 3-28 1943
that I last saw him alive on 3-26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Duration 3 yrs

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

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) 1
(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 [Signature] (M. D. or other) _____
Address [Address] Date signed 3-29-43

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

11000

MOTHER FATHER

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..... *Arch C. Duffee*
Licensed Embalmer No. *3252*
P. O. Address: *Indian 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.