

LED NOV 12 1943 17
Registration District No. 17

Primary Registration District No. 5787

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town BIRDS POINT, Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NONE TUNATA UNIT.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2
In this community 62 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town BIRDS POINT, Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 067 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE LEAR PARSONS

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

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Deed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 5 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace BALLARD CO KY
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (RETIRED)

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE L. PARSON
13. Birthplace NEW ALBANY IND.
(City, town, or county) (State or foreign country)
14. Maiden name MIZZIE SMIDLEY
15. Birthplace PAUCAH KY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ESSIE BROWN

(b) Address CHARLESTON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation DAN GROVE CHARLESTON

18. (a) Signature of funeral director J. F. Munnell, MO

(b) Address Charleston, Mo.

19. (a) 11/1/43 (Date received local registrar) (b) Mrs. Lou Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 27
year 1943 hour 5 minute 40 PM.

21. I hereby certify that I attended the deceased from June, 1942, to Sept, 1943
that I last saw him alive on Sept 1st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility with senile dementia Duration 1 yr.

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 1620

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 T. P. Fenton, MO (M. D. or other)

Address Wyatt, Mo. Date signed 9-29-43

1257

(Licensed Embalmer's Statement on Reverse Side)

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

7000

RECEIVED

District Health Office No. 2,

District File Number 1143-145

Date Filed 11-11-43

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

John F. Munnell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.