

No. 2  
-2-45  
5-17-34  
X 35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35297

State File No.

Registrar's No.

Registration District No. 217

Primary Registration District No. 578

70

1. PLACE OF DEATH:

(a) County MISSISSIPPI  
(b) City or town CHARLESTON (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NONE John's Farm  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ALL OF LIFE 1 (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI  
(c) City or town CHARLESTON (RURAL) No. 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F. 3 (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country NO 0

3. (a) PRINT FULL NAME NANCY THEODIUS PARSONS

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

4. Sex F 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife GEORGE PARSONS 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased EE BURYARY 13 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 6 25 hr. min.

9. Birthplace MISSISSIPPI CO. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name PROCK KEATON  
13. Birthplace N.K. N.K. 9  
(City, town, or county) (State or foreign country)  
14. Maiden name N.K. N.K.  
15. Birthplace N.K. N.K. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ESSIE BROWN

(b) Address CHARLESTON, MO R#3

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-10-43  
(Month) (Day) (Year)

(c) Place: burial or cremation ON GROVE CEMETERY

18. (a) Signature of funeral director John E. ...

(b) Address Charleston Mo

19. (a) 10/1/43 (Date received local registrar) (b) Mrs. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 8  
year 1943 hour 11 minute 30 AM.

21. I hereby certify that I attended the deceased from August 26, 1943, to Sept 8, 1943; that I last saw her alive on Sept 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Heart Disease

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 0

23. Signature Urban ... (M. D. number) \_\_\_\_\_  
Address 1301 1/2 ... Date signed 9-10-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

700

1257

RECEIVED  
District Health Office No. 2,  
District File Number 1043-125-2  
Date Filed 10-11-43

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**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.**