No. 2
—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2484

Registration District No. 65 Primary Registration District No. 411V Registrar's No.

1. PLACE OF DEATH:
(a) County: CHARITON
(b) City or town: DALTON
(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
In this community years, months or days)

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

3. (a) PRINT FULL NAME: PEARLIE PARRISH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: September (Month) 14 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
62	3	4	hr. min.

9. Birthplace: Keytesville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: at Home
11. Industry or business: Housework
MOTHER FATHER
12. Name: Cliff Harris
13. Birthplace: Howard Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Ellen Blue
15. Birthplace: Howard Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: E. M. Parrish
(b) Address: Dalton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Brunswick, Mo
18. (a) Signature of funeral director: L. Mcleod
(b) Address: Brunswick Mo.
19. (a) 12-22-43 (Date received local registrar) (b) P. L. Fress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th year 1943 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Patient died suddenly without an attending physician to 19 ; that I last saw him alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Was called as Coroner Death probably due	
Due to: Coronary thrombosis	(from) (Estimate)
Had previously been treated	
Due to: Arterio-sclerosis with hypertension	
Other conditions: Arterio sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: N/A
Of autopsy: none (no evidence of foul play)

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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: Harry E. Tatum (M. D. or other)
Address: Brunswick MO Date signed 12/31/43

1024 (Licensed Embalmer's Statement on Reverse Side)

APR 21 1947

APR 28 1947

...ED

...ice File Number

Date Filed 2-9-47

MAY 7 1947

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 L W Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.