S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11740

FILED APR 13 1944
Registration District No. 2474

Primary Registration District No. 3052

Registrar's No. 90

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1019 E. 3rd
(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: 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 1019 E. 3rd
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Robert Ingersol Parsons
3. (b) If veteran, name war ____
3. (c) Social Security No. 496-26-1425

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Grace Parsons
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: January (Month) 10 (Day) 1887 (Year)

8. AGE: Years 57 | Months 1 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Ft. Smith (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation ____
11. Industry or business: unknown
FATHER
12. Name: LAZARUS P. PARSONS.
13. Birthplace: (City, town, or county) unk (State or foreign country)
MOTHER
14. Maiden name: Lydia Pelly
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Grace Parsons
(b) Address: Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Missouri
19. (a) 3-7-44 (Date received by local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6th year 1944 hour 4 minute 30A M.
21. I hereby certify that I attended the deceased from 2-6-44, 1944, to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Died very suddenly
Complaining pain in chest and shortness of breath
Due to: Cardiac Coronary insufficiency
Due to: ____
Other conditions: ____
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: ____
Of autopsy: ____

94A

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: N. I. Bushof Coroner (M. D. or other)
Address: Sedalia Mo. Date signed 3-7-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-12-44

APR 18 1944

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 Lucius F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.