

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 -1 X35597

17804

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 12 1944

Registration District No. 173

Primary Registration District No. 3014

Registrar's No. 48

1. PLACE OF DEATH:  
 (a) County Liberty  
 (b) City or town Liberty  
 (c) Name of hospital or institution: at her home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 30 years  
 In this community 30 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Clay  
 (c) City or town Liberty  
 (d) Street No. 409 E. Franklin  
 (e) Citizen of foreign country? 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AMELIA M. PARROTT  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 1  
 year 1944 hour 3 minute 30 P.M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife John H. Parrott  
 6. (c) Age of husband or wife if alive 1 years  
 7. Birth date of deceased Dec 6 - 1848  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1937 to May 1 1944  
 that I last saw her alive on May 1 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 4 Days 25  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Senility  
 Due to Secondary brain pneumonia  
 Due to 3 weeks ago  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Newton Mo.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation home wife

Major findings: Of operations 107  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name Henry A. Overbeck  
 13. Birthplace Prussia Germany  
 14. Maiden name Amelia C. Metz  
 15. Birthplace Baltimore Md.

16. (a) Informant Henry Parrott  
 (b) Address Liberty Mo.  
 17. (a) Burial (b) Date thereof May 3 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Vernon Liberty Mo.  
 18. (a) Signature of funeral director Charles Arthur Co.  
 (b) Address Liberty Mo.  
 19. (a) 5-3-44 (b) Delia Early  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
 (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 Overbeck (M. D. or nurse)  
 Address Liberty, Mo. Date signed 5/3/44

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

14  
 3  
 1

RECEIVED.

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-9-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.