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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 156

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 18368

Registrar's No. 264

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

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1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FREEMAN. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County CHEROKEE
(c) City or town BAXTER SPRINGS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 226 E AVE
(If rural, give location)
(e) Citizen ~~of foreign country?~~ YES. (Yes or No)
If yes, name country 9

3. (a) PRINT FULL NAME ROBERT LEE PARHAM.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife MRS. PAULINE PARHAM
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased JUNE (Month) 1 (Day) 1906 (Year)

8. AGE: Years 37 Months 11 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace KEELVILLE (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation MINISTER.
11. Industry or business
FATHER
12. Name CHARLES F. PARHAM.
13. Birthplace MUSKATINE ~~UNKNOWN~~ (City, town, or county) IOWA (State or foreign country)
MOTHER
14. Maiden name SARAH THISTLEWAITE
15. Birthplace (City, town, or county) NEW YORK (State or foreign country)
16. (a) Informant Lula Payham
(b) Address Baxter Spgs. Kans.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 (Month) 19 (Day) 44 (Year)
(c) Place: burial or cremation Baxter Springs Kans
18. (a) Signature of funeral director Owen
(b) Address Owen Funeral Home Baxter Springs Kans
19. (a) 5-20-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19 year 1944 hour 10 30 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from May 16, 1944, to May 19, 1944 that I last saw him alive on May 19, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis following ruptured Viscus - possibly appendix

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations None

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

23. Signature A. Mitchell Gregg (M.D. or other) M.D.
Address Frisco Bldg. Date signed 5/20/44
(by E. Upham)

(Licensed Embalmer's Statement on Reverse Side)

44-5-425

MAY 19 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 Hoadens Funeral Home. Registered Apprentice No. ....., working under my personal supervision.

Signed J. Lance Wiens.

Licensed Embalmer No. 2880.

P. O. Address Baxter Springs Ks

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.