

Registration District No. 232 Primary Registration District No. 5812 State File No. _____
Registrar's No. 8

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural (Prairie)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution XX (Specify whether _____)
In this community all his life years, months or days

3. (a) PRINT FULL NAME Billy Alvah Parsons
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Elizabeth Parsons 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 9 9 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery Co, Mo. (D)
(City, town, or county) (State or foreign country)

10. Usual occupation (Farmer)

11. Industry or business XX

MOTHER FATHER

12. Name Levin Parsons

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Vaughn

15. Birthplace St Charles Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie Parsons

(b) Address Corso, Mo

17. (a) Burial (b) Date thereof 7-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macdona

18. (a) Signature of funeral director M.R. Damm

(b) Address Libert Mo

19. (a) July 22, 1944 (b) Durella Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Montgomery Co
(c) City or town Rural 70
(If outside city or town limits, write "RURAL") 0
(d) Street No. XX (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day July
year 1944 hour 4 minute 45 M.

21. I hereby certify that I attended the deceased from July 17th 1944 to July 17th 1944
that I last saw him alive on July 19th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arterio Sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 8201

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? _____

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

23. Signature A. Lewis (M. D. or other) _____
Address Shaddleton, Mo. Date signed 7/19/44

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

70000

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 8-7-44

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 me

X _____, Registered Apprentice No. X

_____ working under my personal supervision.

Signed W. P. Dawson

Licensed Embalmer No. 2251

P. O. Address Libt Geo.

AUG 28 1944

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.