

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 68

1. PLACE OF DEATH:

(a) County PLICKETTS

(b) City or town Bowling Green MO
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pike & Co

(c) City or town Rural 6
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SARA FRANCES PARSONS

(b) If veteran, name war X

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 44 hour 3 minute - P. M.

21. I hereby certify that I attended the deceased from Sept 6-44 to 12-23-44 1944.
that I last saw her alive on 12-22 1944.
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married widowed

6. (b) Name of husband or wife Marion Thomas Parsons 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug 17 1894
(Month) (Day) (Year)

Immediate cause of death Myocardial failure Duration 12 hrs

8. AGE: Years 60 Months 4 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation School Teacher

Due to _____

Due to 46 yr

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

MOTHER FATHER

11. Industry or business _____

12. Name Abraham Jackson

13. Birthplace Boone Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frances Barnett

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

16. (a) Informant Mr. Samy Parsons
(b) Address Bowling Green MO

17. (a) Rural (b) Date thereof Dec 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley Mo

18. (a) Signature of funeral director Grace Bausche
(b) Address Bowling Green MO

19. (a) Dec 28 44 (b) Mr Frank Laidy
(Date received local registrar) (Registrar's signature)

Major findings: Of operations Carcinoma pancreas PHYSICIAN _____

Of autopsy _____ 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? _____ (a) Means of injury _____

23. Signature Glenn G. Perry (M. D. or other) D.O.
Address Bowling Green Mo Date signed 12-21-44

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

5707

RECEIVED
District Health Officer No. 10
District File Number 1-45-62
Date Filed JAN 5 1945

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 Grace Banthead

Licensed Embalmer No. 22044

P. O. Address Bowling Green, Md.

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.