

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42182
Registrar's No. 65

Registration District No. FILED JAN 19 1945

Primary Registration District No. 6078

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9500

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town BLOOMSDALE (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)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town BLOOMSDALE (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

JOHN H. PARMER

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 Dowry
6. (b) Name of husband or wife MINNIE BEBLE MILLER 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased MARCH 1 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 8 If less than one day hr. min.

9. Birthplace IRON CO MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER
12. Name MAE PARMER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name SOPHIA OSBORN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Parmer
(b) Address St. Genevieve Mo RR#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Geo. C. Sailer
(b) Address St. Genevieve Mo

19. (a) DEC 10-44 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 9 year 1944 hour 11 minute 45 AM

21. I hereby certify that I attended the deceased from June 16 1944 to Dec 9 1944 that I last saw him alive on Dec 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis and Hypertension
Duration 12/9/44

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/4
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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature Alb. Lanning (M. D. or other) Address St. Genevieve Mo Date signed 12/9/44

RECEIVED

District Health Officer No. 4

District File Number 145-88

Date Filed 1-9-45

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 *Geo. C. Baskin*.....

Licensed Embalmer No. 1985.....

P. O. Address *St. Genevieve 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.