

38048

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS71045
248
STANDARD CERTIFICATE OF DEATHState of ⁴²⁶OKLAHOMA MISSOURI.

State File No.

Registrar's No.

1 PLACE OF DEATH:

(a) County Newton(b) City or town Seneca

(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:
Home

(If not in hospital or institution write street number or location)

(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 Newton

(c) City or town _____

(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) FULL NAME Parloo Fields.

3 (b) If veteran, _____

name war No.

3 (c) Social Security

No. _____

4. Sex Female

5. Color or race _____

6(a) Single, widowed, married,

divorced Married

6 (b) Name of husband or wife _____

6(c) Age of husband or

wife, if alive _____

years.

7. Birth date of deceased NOV. 16. 1866

(Month)

(Day)

(Year)

8. AGE: Years _____ Months _____ Days _____

If less than one day

771130

hr. _____ min.

9. Birthplace Missouri.

(City, town, or country)

(State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Loranza Wood.13. Birthplace S. Carolina.

(City, town, or country)

(State or foreign country)

14. Maiden name Unknown.15. Birthplace Unknown.

(City, town, or country)

(State or foreign country)

16. (a) Informant's own signature W.B. Fields(b) Address Seneca, Mo.17 (a) Removal. (b) Date thereof 9-22-45

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place; burial or cremation at home, OklaWas body embalmed? Yes No Signature of embalmer [Signature]18. (a) Signature of funeral director [Signature](b) Address 200 N. Main19 (a) 10-17-1945 (b) [Signature]

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 21.
year 1945. hour 11. minute _____21. I hereby certify that I attended the deceased from May
_____ 1945 to Sept. _____ 1945that I last saw her alive on Sept 19 _____ 1945
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death _____

Due to Chronic myocarditis 2 yrs.Due to Pulmonary tuberculosis 5 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 13hr

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 [Signature] (M.D. or other) MDAddress Seneca, Mo. Date signed 10-19-45

RECEIVED DEC 6 1945

District Health Officer No. _____
District File Number 1145-214
Date Filed DEC 6 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 242

Primary Registration District No. 4269

Registrar's No. _____

1. PLACE OF DEATH: Newton
 (a) County Newton
 (b) City or town Seneeca
(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 _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Parlee Fields
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year
 7. Birth date of deceased Nov. 16
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 1 (less than one day)
 hr. 0 min. 0

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 { 13. Birthplace _____
(City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Newton
 (c) City or town Seneeca
(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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ Year 1945 Hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

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

Major findings:
 Of operations _____
 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? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other)
 Address _____ Date signed _____

SUPPLEMENTARY

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

38048