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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2531

State File No.

FILED JAN 26 1946

Registration District No. 2-30 86 Primary Registration District No. 4148 Registrar's No. —

1. PLACE OF DEATH:

(a) County Crawford Missouri

(b) City or town Cuba
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Mis~~ Missouri (b) County Crawford 28

(c) City or town Cuba 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME James Oscar Parrish

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Husban AAlice B. Parrish

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April (Month) 8th (Day) 1878 (Year)

8. AGE: Years 67 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James A. Parrish
13. Birthplace Richmond Va. (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Rachel Medcalf
15. Birthplace Roanoak Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. J. O. Parrish

(b) Address Cuba Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Kinder'ss

18. (a) Signature of funeral director Jas. H. Hollow

(b) Address Rolla Mo.

19. (a) Dec 5 1945 (Date received local registrar) G. G. A. Herzog (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st year 1945 hour 9 minute 55 pM.

21. I hereby certify that I attended the deceased from Dec 1st, 1945 to Dec 1st, 1945 that I last saw him alive on Dec 1st, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Larynx

Due to Cause unknown.

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations 470

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G. G. A. Herzog (M. D. or other) MD

Address Cuba, Mo. Date signed 12-5-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1946

FEB 11 1946

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 [signature]

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.