No. 2
—2-43
5-17-39
K35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1946

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 14012

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 43

**1. PLACE OF DEATH:**
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 200 Block, Ward, Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 Years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville, Rural R. 1
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James A. Parham
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased September (Month) 9 (Day), 1910 (Year)

8. AGE: Years 34 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Union City, (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation Painter
11. Industry or business
FATHER 12. Name John S. Parham
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Gertrude Dunn
15. Birthplace Blackbend, (City, town, or county) Tenn. 1 (State or foreign country)
16. (a) Informant Mrs. Gertrude Clark
(b) Address Caruthersville, Mo. Routel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director A. L. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 4-26-46 (Date received local registrar) (b) Dressie B. Weeks (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 5 year 1946 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Probably acute Alcoholism as history gives — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
No

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 3
23. Signature Jack Kelley Coroner (M.D. or other)
Address Hayti Mo. Date signed 4-6-45

241 (Licensed Embalmer's Statement on Reverse Side)

4-46-94

**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 Lucas Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.**