S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17686

State File No.

Registration District No. 277 Primary Registration District No. 6950 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Hartford Twp - Rural
(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 Mo (b) County Pike 82
(c) City or town Ashley 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Luella Parsons
3. (b) If veteran, name war X
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amos W Parsons
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Dec (Month) 29 (Day) 1861 (Year)
8. AGE: Years 84 Months 3 Days 21 If less than one day hr. min.
9. Birthplace Pike Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Wm Young
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hannie Williams
15. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant S. B. Parsons
(b) Address New Hartford Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Indian Cr. Cemetery Mo
18. (a) Signature of funeral director Grove Bankhead
(b) Address Bowling Green Mo.
19. (a) 4-30-46 (Date received local registrar) (b) Bill Coleman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20 year 1946 hour 1 minute P M.
21. I hereby certify that I attended the deceased from April 7 19 46 to April 20 19 46 and that I last saw h. alive on April 19 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	7 days
Due to Arteriosclerosis	
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? (e) Means of injury
23. Signature J M Mathews M.D. (M. D. or other)
Address Bowling Green Mo Date signed 4/25/46

254 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-1058
Date Filed MAY-2-3-1946

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 Grace M. Bonfshead

Licensed Embalmer No. I 204

P. O. Address Bowling Green 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.