

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

21208

State File No.

Registration District No. 30A

Primary Registration District No. 6038

Registrar's No. 2129

1. PLACE OF DEATH

(a) County Ripley
(b) City or town rural 7 1/2 miles E of Ripley
(c) Name of hospital or institution: at home
(d) Length of stay: In hospital or institution 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Rural
(d) Street No. 11 miles East of Doniphan
(e) Citizen of foreign country? No

3. (a) PRINTED FULL NAME Helen Magdalene Parcell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert Parcell 6. (c) Age of husband or wife if alive 61

7. Birth date of deceased Nov. 29 1885

8. AGE: Years 60 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Pocahontas, Ark.

10. Usual occupation housewife

11. Industry or business _____

12. Name John Warner

13. Birthplace Ark.

14. Maiden name unknown

15. Birthplace _____

16. (a) Informant Robert Parcell

(b) Address Doniphan, Mo.

17. (a) burial (b) Date thereof June 1-46

(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director The Jordan

(b) Address Doniphan, Mo.

19. (a) 6-1-46 (b) Ed Johnston

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year _____ hour 9 minute _____

21. I hereby certify that I attended the deceased from _____, 19____ to 5-15-46, 1946
that I last saw her alive on 3-1-46 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Labor pneumonia 3 days

Due to _____

Other conditions _____

Major findings: Of operations 108

Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

23. Signature Clifford J. Joplin

Address _____ Date signed 4/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2007

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

J. H. Jordan

Licensed Embalmer No. *3200*

P. O. Address. *Wilmington*

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.

3200