

No. 2  
-5-43  
-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31077**

**FILED SEP 30 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **5867** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Oregon  
 (b) City or town Thayer  
 (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 8 years  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Oregon  
 (c) City or town Thayer (Rural)  
 (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) PRINT FULL NAME** Margaret Cathryn Parrott  
**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** Widowed  
**6. (b) Name of husband or wife** John Parrott  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** January 7 1853  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>6</u>	<u>28</u>	_____ hr. _____ min.

**9. Birthplace** Marion County Illinois  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Domestic

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** Simers  
**13. Birthplace** Unknown  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Unknown  
**15. Birthplace** Prussia  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Arthur Childers  
**(b) Address** Thayer, Mo.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 8/7/46  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Walker Cemetery

**18. (a) Signature of funeral director** Leland Carter  
**(b) Address** Thayer, Mo.

**19. (a) 9-21-46** (Date received local registrar) **(b) Edith Kerass** (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 5  
 year 1946 hour 5 minute 55 P. M.  
**21. I hereby certify that I attended the deceased** from June 1  
 1946, to Aug 5 1946.  
 that I last saw him alive on Aug 1 1946.  
 and that death occurred on the date and hour stated above.

Immediate cause of death: No condition shown advanced  
 Duration: 3 years

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?** \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** W. Cooper or other) \_\_\_\_\_  
**Address** Thayer, Mo. **Date signed** 9-5-46  
Cooper

**368** (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 946530

Date Filed 9-26-46

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.