S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32984

Registration District No. 57 Primary Registration District No. 4081 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Bosworth
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓1
(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 Missouri (b) County Carroll 17

(c) City or town Bosworth 0
(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 JOHN STEWART PARSONS

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ married

6. (b) Name of husband or wife Mary Parsons

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased August (Month) 11 (Day) - 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	1	29	..... hr. ..... min.

9. Birthplace West of Coloma, Carroll County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation painter

11. Industry or business .....

FATHER
12. Name Stewart Parsons 1
13. Birthplace ..... (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Rebecca Willows
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Mary Parsons
(b) Address Bosworth Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 13 (Day) 46 (Year)
(c) Place: burial or cremation Coloma Cemetery

18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth Missouri

19. (a) Oct. 12-1946 (Date received local registrar) (b) Pearl Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 10th
year 1946 hour 6 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 1, 1936 to Oct 9, 1946
that I last saw him alive on Oct 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous Nephritis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 0

23. Signature [signature] (M. D. ~~or other~~)
Address Bosworth Date signed Oct 12/46

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(Licensed Embalmer's Statement on Reverse Side)

District
District File Number
Date Filed 10-19-46

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 David J. Edwards

Licensed Embalmer No. 5265

P. O. Address Bonnerth 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.