

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
415 South First
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
(If outside city or town limits, write "RURAL")
 (d) Street No. 415 South First
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch . day 12
 year 1947 hour 7:00 minute A: M.
 21. I hereby certify that I attended the deceased from Feb 1945 to Mar. 12, 1947
 that I last saw him alive on Mar. 11, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia Broncho 1 day
 Due to Influenza 10 days

Duration

Other conditions
(Includes pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy 33A

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) Method of injury.
 23. Signature Rostickler (M. D. or other) MD
 Address Kirksville Mo Date signed 3-18-47

3. (a) PRINT FULL NAME Samuel Taylor Parmley

3. (b) If veteran, name war .. 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ermina Myrtle Zeigler 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. 15 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 27
 If less than one day hr. min.

9. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
 11. Industry or business Farming

12. Name Samuel Parmley

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Davis

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ermina Parmley

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 3/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratt Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Kirksville, Missouri

19. (a) 3-18-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

RECEIVED
Dist. Office No. 2047
MAR 26 1947
Date filed

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 *Dee Riley*
Licensed Embalmer No. 4181
P. O. Address *Kennett 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.