

S. No. 2  
DM-2-43  
v. 5-17-39  
X35697

Gross  
16338

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 3 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 141

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 511 E. Buchanan St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 15 yrs.  
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. 511 E. Buchanan  
(If multiple location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Custis Parten

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1947 hour 10:45 minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from May 1947  
19 \_\_\_\_\_ to May 8 19 47  
that I last saw h.e.r. alive on May 8 19 47  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife W. F. Parten

6. (c) Age of husband or wife if alive ✓ years 90  
(Month) (Day) (Year)

7. Birth date of deceased MAY 30 1866  
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia 3 days

Due to Influenza 2 days

Due to Advanced age, Myocarditis, Arteriosclerosis 10 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 2 X

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 80 Months 11 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mercer Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

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

12. Name Mrs. M. C. Parten 4

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

14. Maiden name W. Childs Walt

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

16. (a) Informant Carly F. Parten

(b) Address Kirksville, Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Carly's Funeral Home

(b) Address Kirksville

19. (a) 5-24-47 (b) Wate Lambert  
(Date received local registrar) (Registrar's signature)

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)

(b) Means of injury Shot

23. Signature Howard E. Gross (M. D. or other) MD

Address Kirksville, Mo. Date signed 5-12-47

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

JUN 11 1947

RECEIVED  
District Health Officer No. 10  
District File Number 6:47:933  
Date Filed JUN - 2 1947

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, only.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed Clarence M. Billo.....

Licensed Embalmer No. 4375.....

P. O. Address Kirkville, 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.