

No. 2  
-12-45  
5-17-39  
1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16383  
Registrar's No. 80

Registration District No. 10

Primary Registration District No. 3002

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

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Mexico, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 da. (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Vandalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 602 S. Lindell  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Norma Electa Stopher Parsons  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 day 10  
year 1947 hour \_\_\_\_\_ minute 3 PM

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Creston Parsons 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased: May 22 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-12-1947 to 5-10-1947  
that I last saw him alive on 5-9-1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 11 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cardio Nephritis  
Hypertension  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Middletown, Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Christopher Stopher  
13. Birthplace Middletown, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Parsons  
15. Birthplace Pike County, Mo.  
(City, town, or county) (State or foreign country)

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? U

16. (a) Informant Harold Parsons  
(b) Address 4078 E. Duncan, Wichita, Kan  
17. (a) Burial (b) Date thereof May 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Vandalia, Missouri  
18. (a) Signature of funeral director Wm. B. Waters  
(b) Address Vandalia, Mo.  
19. (a) 5/12/47 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Frank Jolley (M. D. or other) MD  
Address Mexico, Mo. Date signed 5/12/47

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

RECEIVED  
District Health Officer No. 10  
District File Number 547892  
Date Filed MAY 21 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, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Wm B. Water.....

Licensed Embalmer No. 7169.....

P. O. Address Meridalia, 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.