No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24657

Primary Registration District No. 6621

Registrar's No. 153

**1. PLACE OF DEATH:**

(a) County: Knox

(b) City or town: Edina. rural - Lyon
(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 years, months or days)
In this community: life.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Knox

(c) City or town: Edina
(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: Richard Lloyd Parton

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) - 3 (Day) - 1947 (Year)

8. AGE: Years | Months: 2 | Days: 0 | If less than one day: hr. min.

9. Birthplace: Edina (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Donald Dan Parton

13. Birthplace: Edina (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Susie Heimer

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

16. (a) Informant: Donald Parton

(b) Address: Edina, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July-25-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Harmony. Knox County. Mo.

18. (a) Signature of funeral director: Keith Hudson

(b) Address: Edina, Missouri

19. (a) July-26-47 (Date received local registrar) (b) Nell S. Nunnelly (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: May day: 3rd year: 1947 hour: 2 Or 3 minute: P M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coroners Inquest. Jurys Verdict. The baby came to his death by unnatural

Due to: causes according to the mothers testimony.

Due to: The body was so badly decomposed that it was impossible to tell if the baby

Other conditions: had been choked or not.
(Include pregnancy within 3 months of death)

Duration

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): Homicide

(b) Date of occurrence: May 3 1947

(c) Where did injury occur? Edina (City or town) Knox (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm 2 miles south west of Edina, Mo.
(Specify type of place)

While at work? (e) Means of injury: suppose by choked

23. Signature: Keith Hudson (M. D. or other) Coroner.

Address: Edina Missouri Date signed: 7-23-47

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1950

RECEIVED
District Health Officer No. 1
District File Number 8-47-102
Date Filed AUG - 5 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~~ Was not Embalmed, Registered Apprentice No. _____ working under my personal supervision.

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.**