

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town miami
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town miami
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA LINDSAY PARSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month August day 17
year 1947 hour 6:30 minute A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

21. I hereby certify that I attended the deceased from 7-30, 1947, to 8-17, 1947
that I last saw her alive on 8-7, 1947
and that death occurred on the date and hour stated above.

7. Birth date of deceased: September 22 1859
(Month) (Day) (Year)

Immediate cause of death: Cerebral Thrombosis Duration 18 days

8. AGE: Years 87 Months 10 Days 5
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace: Miami-Saline mo
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation: House work

Major findings: G3B
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name: Wass Swall Parson
13. Birthplace: South Paris Maine
(City, town, or county) (State or foreign country)
14. Maiden name: Catherine Hill
15. Birthplace: South Paris Maine
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Anna P. Clutterbuck
(b) Address: miami mo
17. (a) Burial (b) Date thereof: Aug. 19-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation: Miami Cemetery
18. (a) Signature of funeral director: Geo. J. ...
(b) Address: miami mo
19. (a) Aug. 26, 1947 (b) McEarl C. Metz
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature: W. H. Sullivan (M. D. or other) _____
Address: miami, mo. Date signed: 8/18/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-24-47

OCT 10 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~~.....

Joseph R. Mackler....., Registered Apprentice No. 43
working under my personal supervision.

Signed Bill Campbell Jr......

Licensed Embalmer No. 3469.....

P. O. Address.....

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.