S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1947

Registration District No. 277

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5787

State File No. 35092

Registrar's No. 101

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2, Box 300
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Box 300 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ----------

3. (a) PRINT FULL NAME Jimmie Lee Parnell
3. (b) If veteran, name war ---------
3. (c) Social Security No. ---------
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced ----- 5
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive ------- years
7. Birth date of deceased Sept. 12, 1947 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
----	1	14	hr. min.

9. Birthplace Charleston, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation ----------
11. Industry or business ----------

FATHER
12. Name Jimmie Parnell
13. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Smith
15. Birthplace Philadelphia, Miss. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Parnell
(b) Address R.2, Box 300, Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director F. J. Sparks
(b) Address Charleston, Missouri
19. (a) 10-31-47 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature) 1 4/6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26, year 1947 hour 1 minute A M.
21. I hereby certify that I attended the deceased from Attended as Coroner 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 Accidental suffocation

Due to Two grown-ups sleeping with child between. Child found dead upon parents awakening.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 67
(b) Date of occurrence 10-26-47
(c) Where did injury occur? Charleston (City or town) Miss (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - While abed (Specify type of place)
While at work? (e) Means of injury Trauma? 3
23. Signature John F. Nunnelee Jr. (M. D. or Coroner)
Address Charleston, Mo. Date signed 10-27-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1147-1428
Date Filed 11-4-47

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.