No. 2
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 19 1947

Registration District No. 82

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 37521

Registrar's No. 173

1. PLACE OF DEATH:
(a) County: COOPER
(b) City or town: BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ONE DAY (Specify whether
In this community: ONE WEEK
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CAMDEN
(c) City or town: LINN CREEK
(If outside city or town limits, write "RURAL")
(d) Street No.: NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS ARVELLA HUNTER PARISH
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ALFRED PARISH
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOV. 7 - 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	2	hr. min.

9. Birthplace: TRENTON (City, town, or county) NEW JERSEY (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: HOME

FATHER
12. Name: WASHINGTON COLE
13. Birthplace: TRENTON (City, town, or county) NEW JERSEY (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: IVAN PARISH
(b) Address: FRANKLIN, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation: LEBANON, MO.
18. (a) Signature of funeral director: STEGNER
(b) Address: BOONVILLE - MO.
19. (a) 11-11-47 (Date received by registrar) (b) D. C. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: NOVEMBER day: 9th
year: 1947 hour: 2 minute: P. M.

21. I hereby certify that I attended the deceased from Sept 19, 1947, to Nov 9, 1947, that I last saw her alive on Nov 9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy -	1 day
Due to: Recurrent stroke following first attack on 9-19-47	
Due to: Arterio-sclerosis	5 yrs
Other conditions (include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
Of autopsy: 0	

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):
(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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: W. G. Stone (M. D. or other): M. D.
Address: Boonville, Mo. Date signed: 11-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-18-47

DEC 3 1947

MAY 26 1949

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 Harry E. Monroe, Registered Apprentice No. 485, working under my personal supervision.

Signed James W. Segner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.