

No. 2
-1/47
-17-39

FILED DEC 17 1947
Registration District No. 1947

Primary Registration District No. 4180

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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: Dunklin 35

(c) City or town: Campbell 1
(If outside city or town limits, write "RURAL") 0

(d) Street No.: — (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Cora Edna Parrent

3. (b) If veteran, name war: —

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: Henry W. Parrent 6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: December 19 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>4</u>	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: —

12. Name: Thomas Paleyone

13. Birthplace: Unknown Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Fletcher

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

16. (a) Informant: Henry W. Parrent

(b) Address: Campbell, Missouri

17. (a) Burial (b) Date thereof: 11-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn

18. (a) Signature of funeral director: Anderson Funeral Home

(b) Address: Campbell, Missouri

19. (a) 12/11/1947 (b) Mrs. Beulah Campbell
(Date registers local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 23rd
year 1947 hour 9:00 minute — P. M.

21. I hereby certify that I attended the deceased from Jan. 6 1947 to Nov. 23 1947
that I last saw him alive on Nov. 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Splenic Anemia (Banti's Disease)

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: Banti's Disease

Of operations:

Of autopsy: 7513

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature: Wallace Belsey (M. D. or other M.D.)

Address: Campbell Mo. Date signed: 11/29/47

Duration: 1yr +

PHYSICIAN:

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 1247-1583
Date Filed 12-1-47

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 Christina M. Landess
Licensed Embalmer No. 4227
P. O. Address Campbell, 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.