

5. No. 2
1/47
17.39

4367

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 4 1948
Registration District No. 0

Primary Registration District No. 3017

Registrar's No. 22

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 HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **1 MONTH**
(Specify whether in this community... **ONE YEAR** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MISSOURI** (b) County... **CAMDEN**

(c) City or town... **LEBANON**
(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 **ALFRED RICHARD PARISH**

3. (b) If veteran, name war... **NO**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **FEB.** day... **9th.**
year... **1948** hour... **10:00** am minute... M.

4. Sex... **M** 5. Color or race... **WHITE**

6. (a) Single, widowed, married, divorced... **WIDOWED**

6. (b) Name of husband or wife... **DECEASED**

6. (c) Age of husband or wife if alive... years
1 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from... **Feb 6**, 19**47** to... **Feb 9**, 19**48**
that I last saw him alive on... **Feb 8**, 19**48**; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
71	5	8	hr. min.

Immediate cause of death... **Carcinoma of liver**

Due to.....

9. Birthplace... **CAMDEN COUNTY MO**
(City, town, or county) (State or foreign country)

10. Usual occupation... **FARMER**

Other conditions... **Prostatic hyperplasia**

(Include pregnancy within 3 months of death)

Due to.....

11. Industry or business... **"**

MOTHER FATHER

12. Name... **WILLIAM PARISH**

13. Birthplace... **CAMDEN COUNTY MO.**
(City, town, or county) (State or foreign country)

14. Maiden name... **NANCY GARRISON**

15. Birthplace... **CAMDEN COUNTY MO**
(City, town, or county) (State or foreign country)

Major findings: **HOT**

Of operations.....

Of autops:.....

16. (a) Informant... **IVAN PARISH**

(b) Address... **FRANKLIN MO**

17. (a) **REMOVAL** (b) Date thereof... **2/10/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **BURIAL? LEBANON? MO.**

PHYSICIAN

Underline the cause of which death should be charged statistically.

18. (a) Signature of funeral director... **STEGNER**

(b) Address... **BOONVILLE? MO**

19. (a) **2-10-48** (b) **W. Cooper**
(Date received local registrar) (Registrar's signature)

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?..... (c) Means of injury.....

23. Signature... **W. E. Stom** (M. D. or other) **MD**

Address... **Boonville MO** Date signed **2-10-48**

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

7
1
2

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 3-3-48

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 _____

Fred W. Harris

Registered Apprentice No. 476

working under my personal supervision.

Signed _____

James W. Segner

Licensed Embalmer No. 3780a

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.