

National Office of Vital Statistics
FILED JUL 15 1948

Registration District No. 188

Primary Registration District No. 5673

64

1. PLACE OF DEATH:

(a) County Lincoln
 (b) City or town None
 (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) 54 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 mile East of Troy Mo.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN PARSONS

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1948 hour 3 minute 15 a.m.
 21. I hereby certify that I attended the deceased from July 5 1948 to July 8 1948; that I last saw him alive on July 8 and that death occurred on the date and hour stated above. 1948
 Duration

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Susan (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased: October 19 1864
 (Month) (Day) (Year)

Immediate cause of death Cardiovascular disease

8. AGE: Years 82 Months 8 Days 19 If less than one day hr. min.

Due to Arterio sclerosis

9. Birthplace Foley Missouri
 (City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation Retired Farmer

Other conditions..... (Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: Of operations.....

12. Name Robert Parsons

Of autopsies.....

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

14. Maiden name Martha A Smith

15. Birthplace Foley Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Susan Parsons

(b) Address Mason Mills Mo.

17. (a) Burial (b) Date thereof 7-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galilee Cemetery

18. (a) Signature of funeral director Walter M. Boyd

(b) Address Troy Missouri

19. (a) 7-9-48 (b) H. Neunert
 (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) 2

While at work?..... (Specify type of place) Means of injury.....

23. Signature Dr. H. Z. Kelley (M. D. or other) DO.

Address Waverly Mo. Date signed 7-9-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 1948

AUG 15 1961

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 *Wayne Mc Coy*
Licensed Embalmer No. *3586*
P. O. Address *Troy Ms.*

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.