

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40585

BIRTH NO. 164 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>423 South Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>423 South Main</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bertie</u>	b. (Middle) <u>May</u>	c. (Last) <u>Parsons</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 21, 1948</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 22, 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>29</u>	IF UNDER 24 HRS. Hours <u>99</u>	IF UNDER 24 HRS. Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>William Heizer</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Johns</u>	14. NAME OF HUSBAND OR WIFE <u>W.T. Parsons</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.T. Parsons</u>	ADDRESS <u>423 S. Main, Wbg. Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>4/10/48</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>D</u>

22. I hereby certify that I attended the deceased from July 17, 1948, to Dec 21, 1948, that I last saw the deceased alive on Dec 21, 1948, and that death occurred at 5P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. T. Parsons M.D.</u>	23b. ADDRESS <u>Warrensburg MO</u>	23c. DATE SIGNED <u>Dec 21, 48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jacoby Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 23, 1948</u>	REGISTRAR'S SIGNATURE <u>Savannah C. Branninger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Branninger</u>	ADDRESS
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(Licensed Embalmer) (Statement on Reverse Side)

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

51
222
3
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3101 E NYE

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W. P. Banninger

Signed _____
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.