

FILED MAY 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13211

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

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Portage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - R#1, Gideon</u>	
c. LENGTH OF STAY (In this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>near Frailey</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frailey, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle)	c. (Last) <u>Parr</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1949</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>2-Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 31, 1907</u>
9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	# UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Curry Parr</u>		13b. MOTHER'S MAIDEN NAME <u>Delia</u>	14. NAME OF HUSBAND OR WIFE <u>(don't know) Susie Thomas Parr</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olivia Parr, R#1 Gideon, Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No. Medical Attendant</u> ANTECEDENT CAUSES DUE TO (b) <u>by all record death was</u> DUE TO (c) <u>due to Acute Myocarditis</u> 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>4/23</u>		19b. MAJOR FINDINGS OF OPERATION <u>4/23</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>R#1 Gideon - New Mad. MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>✓</u> , 19 <u>✓</u> , to <u>✓</u> , 19 <u>✓</u> , that I last saw the deceased alive on <u>✓</u> , 19 <u>✓</u> , and that death occurred at <u>✓</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. H. H. Smith</u>		23b. ADDRESS <u>3 Coronet New Madrid, Mo.</u>	23c. DATE SIGNED <u>4/23-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Blytheville Ark</u>
DATE REC'D BY LOCAL REG. <u>4-23-49</u>	REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Delisle Funeral Parlor</u>	ADDRESS <u>Portageville, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 549-550
Date Filed 5-5-49

MAY 10 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.