

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

11133  
Do not use this space.

REC'D APR 20 1938

**1. PLACE OF DEATH**

(a) County..... Jasper Registration District No. 419  
 (b) Township..... McDonald Primary Registration District No. 2572 Registered No. ....  
 (c) City..... (d) Street No. Route 1, Reeds St. ....  
 (e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

George Harvey Parlier 646  
 (a) Residence, No. Route 1, Reeds St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Anna Gabriel Parlier</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28-1866</u>		
7. AGE	YEARS <b>71</b>	MONTHS <b>6</b>
		DAYS <b>6</b>
	If LESS than 1 day, .....hrs. or .....min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Farmer</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Irvington Illinois</u>	
	13. NAME <u>Allen Parlier</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
	15. MAIDEN NAME <u>Mary Ann Wheelis</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Anna Parlier Route 1, Reeds</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>March 5, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Ulmer Funeral Home Carthage, Missouri</u>		
20. FILED <u>Mar 5, 1938 Mrs. J. C. Hall</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-28-38, 19... to 3-4-38, 19...  
 I last saw him alive on 3-3-38, 19... Death is said to have occurred on the date stated above, at 2:35 am  
 The principal cause of death and related causes of importance were as follows:

<u>St Lobar Pneumonia</u>	Date of onset <u>2-26-38</u>
<u>Acidosis</u>	<u>3-3-38</u>

Other contributory causes of importance: 105

Name of operation..... Date of.....  
 What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify..... (Signed) Walter M. Howard, M. D.  
Carthage, Mo. (Address) 379

STATEMENT BY LICENSED EMBALMER

I, Ed C. Ulmer, Licensed Embalmer No. 2222

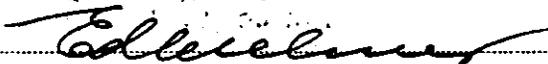
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 2222

**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.)**