REC'D MAY 23 1938

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

15469
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 651
(b) Township Little Prairie Primary Registration District No. 4388 Registered No. 36
(c) City Caruthersville (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Parker 626
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1923
7. AGE YEARS 15 MONTHS 1 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Girl
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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

FATHER
13. NAME Elbert Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

MOTHER
15. MAIDEN NAME Mary Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) James Brown Caruthersville Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Morgan Ridge Cemetery DATE 4/24 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Smith Caruthersville Mo
20. FILED April 26 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/23 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 2 1938 to 4 23 1938
I last saw her alive on 4 2 1938. Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:
malaria — Date of onset 3 25 38
38
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A. R. Conrad, M. D.
(Address) Bldg 6 Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, Noel C. Dean, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 394

P. O. Address Carutherswille

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.