

1938 OCT 1 9 1938

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

33470  
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 830  
(b) Township SALT RIVER Primary Registration District No. 6091  
(c) City Shelbina (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 Charles Frances Parker 621

(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida V. Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
82 5 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
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) LIVINGSTON (STATE OR COUNTRY) IOWA

FATHER 13. NAME Rev. Livingston G. Parker

14. BIRTHPLACE (CITY OR TOWN) JEFFERSON Co. (STATE OR COUNTRY) NEW YORK

MOTHER 15. MAIDEN NAME Nancy J. Barney

16. BIRTHPLACE (CITY OR TOWN) JEFFERSON Co. (STATE OR COUNTRY) NEW YORK

17. INFORMANT (ADDRESS) Mrs. Harold G. Lepper  
Shelbina, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE LIVINGSTON, IOWA DATE Sept. 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) E. Hayes  
Shelbina, Mo.

20. FILED Sept. 14, 1938 Ruth Joyner  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-38 1938

22. I HEREBY CERTIFY, That I attended (deceased) from 2-4-34 1934 to 9-1-38 1938

I last saw him alive on 9-1-38 1938. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy 9-14-38 Date of onset

Other contributory causes of importance:  
Hypertension  
Arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical 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? no  
If so, specify \_\_\_\_\_  
(Signed) A. M. Wood, M. D.  
Shelbina, Mo. (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-391

Date Filed 10-6-38

STATEMENT BY LICENSED EMBALMER

I, E. Hayes, Licensed Embalmer No. 1437

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed E. Hayes  
Licensed Embalmer No. 1437

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.)