DEC'D JAN 11 1939

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

42965
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin Registration District No. 289
(b) Township Cotton Hill Primary Registration District No. 4173 Registered No. 50
(c) City Malden (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 Luetina Victora Parker
(a) Residence, No. Malden Mo. 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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6-1885
7. AGE YEARS 53 MONTHS 8 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) Mo.

FATHER
13. NAME A. B. Cunningham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uk.

MOTHER
15. MAIDEN NAME Mary J. Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uk.

17. INFORMANT (ADDRESS) Miss Ruby Parker (Daughter) Malden Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie DATE Nov. 22 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Landess Funeral Home Campbell Mo.
20. FILED 11-22-1938 S. E. Mitchell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1938, to November 21, 1938
I last saw her alive on Nov 21st, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
A. M. Wflexy	11/16/38
82 W	

Other contributory causes of importance:

Arterio Sclerosis	1928

Name of operation None 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) S. E. Mitchell, M. D.
(Address) Malden 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.

I X14028

RECEIVED
District Health Officer No.
District File Number 38-23
Date Filed 12-16-38

STATEMENT BY LICENSED EMBALMER " None

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

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

Signed.....

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, above space should be left blank.