

REC'D JAN 24 1939

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

Kabes

44062
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot 2 Registration District No. 651
 (b) Township Pemiscot Primary Registration District No. 6863
 (c) City 1 (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 Gordan Browning Parker

(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) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3--37
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 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) Steele Mo 0

FATHER 13. NAME R.A. Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co Tenn 1

MOTHER 15. MAIDEN NAME Maggie McBride

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co Tenn 1

17. INFORMANT R.A. Parker (ADDRESS) Steele, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect Tenn DATE 7--7-- 19. 3

19. FUNERAL DIRECTOR German Unit Co (ADDRESS) Steele Mo

20. FILED Dec. 31 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938 to July 6, 1938
 I last saw him alive on July 5, 1938 Death is said to have occurred on the date stated above, at 10 P m.
 The principal cause of death and related causes of importance were as follows:

Collected
9
 Other contributory causes of importance:
Pertussis

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) J. J. Hopkins, M. D.
 (Address) 585 Steele Mo

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.

1 X12004

RECEIVED

District Health Officer No. 8,

District File Number 39-89

Date Filed 1-9-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)