DEC'D FEB 23 1939

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

2143
Do not use this space.

1. PLACE OF DEATH
(a) County Dent 2 Registration District No. 266
(b) Township Primary Registration District No. 4164 Registered No. 3
(c) City Salem 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 626 Donald Lee 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) Nov 7 1938
7. AGE YEARS --- MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant
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) Edgar Spring Mo

FATHER
13. NAME Leonard Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greeley Mo

MOTHER
15. MAIDEN NAME Lola Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Springs Mo

17. INFORMANT (ADDRESS) Frank Woolf Salem Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ray Cem. DATE 1/13/39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carl K Spencer Salem Mo
20. FILED Jan 13 1939 A E Butler M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12/39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 12, 1939
I last saw him alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia (Brochial)

Other contributory causes of importance:

Severe Cold

Name of operation ✓ Date of
What test confirmed diagnosis? usual figures Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) H. G. Dillon, M. D.
(Address) Physician

(Licensed Embalmer's Statement on Reverse Side)

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, ...

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

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

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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