REC'D FEB 23 1939

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

2643
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township — Primary Registration District No. 3020 — Registered No. 13
(c) City Carthage — (d) Street No. 722 Grant 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 6 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha L. Parker
(a) Residence, No. 722 Grant, Carthage, 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: Female
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: W. B. Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16, 1869
7. AGE — YEARS: 69 — MONTHS: 10 — DAYS: 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Carthage, Missouri — O

FATHER
13. NAME: C. W. Johnson — I
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas — O

MOTHER
15. MAIDEN NAME: Dicie A. Ralston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mr. W. B. Parker, Carthage, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Dudman Cemetery — DATE: Jan. 24-39, 19
19. FUNERAL DIRECTOR (ADDRESS): Ulmer Funeral Home, Carthage, Mo.
20. FILED Jan. 23, 1939 — E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 23, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1934, to Jan. 22, 1939
I last saw her alive on Jan. 22, 1939. Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1934
191	

Other contributory causes of importance:

Chr. Neuritis and Arthritis	1930
neuritis & arthritis	

Name of operation: None — Date of:
What test confirmed diagnosis? Clinical — Was there an autopsy?

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. J. Harris, M. D.
(Address) Carthage, 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.

RECEIVED
District Health Officer No. 6,
District File Number 6-39-386
Date Filed FEB 17 1939

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. 2222

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