

NEW JUL 13 1939

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

21441  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Audrain Registration District No. 912  
 (b) Township Cuisse Primary Registration District No. 62370  
 (c) City..... (d) Street No.....  
 (e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Cliza Ann 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF T. J. Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 7 12

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. Home

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

FATHER 13. NAME James Monroe Turner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ten.

MOTHER 15. MAIDEN NAME Amanda Williams  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) T. J. Parker Laddonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivett DATE June 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Dranger Laddonia, Mo.

20. FILED June 19, 1939 Carrie P. Utterback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 19 39

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1939, to June 17, 1939.  
 I last saw or alive on June 17, 1939 Death is said to have occurred on the date stated above, at 10.15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy Date of onset 6-17-39

Other contributory causes of importance:  
Arterie-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?.....  
 If so, specify..... (Signed) W. K. Mehall, M. D.  
Laddonia Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.

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RECEIVED

District Health Officer No. 10

District File Number 7-39-1146

Date Filed JUL 7 1939

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, .....

*H. G. Granger*

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

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

Signed.....

*H. G. Granger*

Licensed Embalmer No. ....

*11297*

P. O. Address.....

*Laddonia, Mo.*

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.