FILED APR 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10777

Registration District No. 237 Primary Registration District No. 5330 Registrar's No.

2-1

1. PLACE OF DEATH:

(a) County Dade Smith Twsp.

(b) City or town So. Greenfield, Mo. # 1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town So. Greenfield, Mo. # 1 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm. Washington Parker 626

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wife Anna Parker

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Mar. 10, 1873 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Organ Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Parker
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Vaughn
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clint Parker

(b) Address So. Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Pennsboro Cem.

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield, Mo.

19. (a) 4-10-1940 (Date received local registrar) Geo. L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1940 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 2-17, 1940 to April 6, 1940 that I last saw him alive on 2/17, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis chronic	1935
Due to Arteriosclerosis general	1930
Due to	
Other conditions (Include pregnancy within 3 months of death) 93C	

Major findings: Of operations —

Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: —

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

21 4

While at work (e) Means of injury

23. Signature J. W. Shannon (M. D. or other) WD

Address Greenfield, Mo. Date signed 4/6/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 2040-1196
Date Filed APR 19 1940

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.

Signed J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield Ma.

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.