

FILLED OCT 17 1941

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

32882
Do not use this space 1/3

1. PLACE OF DEATH

(a) County Worth Registration District No. 905
(b) Township Allen Primary Registration District No. 6216 Registered No. 0
(c) City Denver mo or (d) Street No. 1 St. 0
(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

CLAUDIE EDWIN PARKER

(a) Residence, No. 0 St. 0
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Grace Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1903
7. AGE YEARS 38 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Denver (STATE OR COUNTRY) mo

13. NAME Arnoo Parker

14. BIRTHPLACE (CITY OR TOWN) Worth Co (STATE OR COUNTRY) mo

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) Union mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) K. A. Brown
Denver mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rant Cemetery DATE July 31 1941

19. FUNERAL DIRECTOR (NAME) Brown Bros (ADDRESS) Denver mo

20. FILED A. L. Perry 19 41 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1941
22. I HEREBY CERTIFY, That I attended deceased from July 23 1941, to Death July 30 1941
I last saw him alive on at time of death 1941. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

Typhoid
Date of onset July 30
Other contributory causes of importance: Acute Gastroenteritis

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 ✓ 1941
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 None
(Signed) W. H. Bailey D.O. M. D.
(Address) Denver 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.

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 P Brown*
Licensed Embalmer No. *2947*

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32882

Registration District No. 905

Primary Registration District No. 6216

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth
 (b) City or town Denver
(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 Worth
 (c) City or town Den
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Claudie E. Packer

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 26, 1943
(Month) (Day) (Year)

8. AGE: Years 38 Months _____ Days _____
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-2-10 (b) A. L. Berry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 30
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
 _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1941
S-32882