

FILLED OCT 28 1941

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **2139**

1. PLACE OF DEATH:

(a) County **St. Louis,**  
(b) City or town **Normandy.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**351 Tower Grove Drive.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **about 6 mo.** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **California.** (b) County **999**  
(c) City or town **Turlock.** **4**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **unknown** **0**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ **2**

3. (a) PRINT FULL NAME **MAUDE C. PARKER.**  
3. (b) If veteran, name war **none.** 3. (c) Social Security No. **none.**

4. Sex **Female.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.**  
6. (b) Name of husband or wife **Orrin A. Parker.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 3, 1874.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67.** **0.** **18.** hr. min.

9. Birthplace **Sandusky, Ohio.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Samuel S. Harris.**  
13. Birthplace **Ohio.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Mitchell.**  
15. Birthplace **Ohio.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Odessa M. White.**

(b) Address **351 Tower Grove Drive.**

17. (a) **Removal.** (b) Date thereof **10/21/41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Los Angeles, Cal.,**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **#7233 Delmar Boulevard.**

19. (a) **OCT 21 1941** (b) **W. H. Loman**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20<sup>th</sup>**  
year **1941** hour **9** minute **30 A. M.**  
21. I hereby certify that I attended the deceased from **September**  
**25** 19**41** to **October 21** 19**41**  
that I last saw **her** alive on **October 21** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **1 hr.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Hypostatic dermatitis, rt leg.** **1 mo.**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **G. J. A.** PHYSICIAN \_\_\_\_\_  
Of autopsy \_\_\_\_\_ 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 **Stroke**  
23. Signature **Truman S. Spake** (M. D. or other) **Stroke**  
Address **114 N. Taylor Ave.** Date signed **10/21/41**

114 No. Taylor.  
JE. #8600.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address St. Louis, 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, fact should be so stated above.**