

To. 2
13-40
17-39
X23159

DEC 22 1941
Registration District No. **677**

Primary Registration District No. **4403**

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Phelps

(c) City or town Rolla
(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 Violet Naomi Parker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from June
3, 1939 to Nov "11", 1941;
that I last saw her alive on Nov 11, 1941;
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race caucas

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

(b) Name of husband or wife Delroyd Parker

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

7. Birth date of deceased: Aug 12 1905
(Month) (Day) (Year)

Immediate cause of death Carcinoma of left ovary

Duration 3 yrs

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>2</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER

12. Name John A. Sigward

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

14. Maiden name Mary Frances

15. Birthplace East - Kansas
(City, town, or county) (State or foreign country)

Major findings: H 90

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. William Meyers

(b) Address Rolla Mo

17. (a) Burial (b) Date thereof 11-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Will Edson

(b) Address Rolla Mo

19. (a) 11-13-41 (b) Jos. F. Ayers
(Date received local registrar) (Registrar's signature)

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)

While at work? _____ (e) Means of injury _____

23. Signature E. E. F. Smith (M. D. or other) _____

Address Rolla Mo Date signed 11-18-41

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.....

Licensed Embalmer No. *3399*

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, fact should be so stated above.