

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2118

State File No.

FILED FEB 6 1942

Primary Registration District No. 5344

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles West Gallatin, Mo.
(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 Missouri (b) County Daviess
(c) City or town "Rural" Liberty Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles West Gallatin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert G. Parker

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude Parker 6. (c) Age of husband or wife if alive 50-55 years

7. Birth date of deceased April 8 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>5</u>	hr. min.

9. Birthplace Clay Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edward Parker

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

14. Maiden name Emma Strong

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

16. (a) Informant Mrs. Robert G. Parker

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof Jan. 15 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hopewell Funeral Co
(b) Address Gallatin, Mo.

19. (a) Jan 15-42 (b) L. D. Richeson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 5th
19 42 to Jan 13th 19 42
that I last saw h. im alive on Jan 8th 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to _____
Due to _____

Other conditions 83a!
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Frank W. Wilson (M. D. or _____) D
Address Winston, Mo. Date signed 1-15-42

Duration
From
Jan
5th,
1942

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

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

100

FEB 6 1942

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.....

L. O. Richeson

Licensed Embalmer No.

3302

P. O. Address.....

Dallatare 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.