V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3252

Registration District No. FILED FEB 17 1942

Primary Registration District No. 4428

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville, Mo. [illegible]
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85

(a) State Missouri (b) County Pulaski

(c) City or town Waynesville, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Sharon Lynn Parker

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Feb. 1, 1942
(Month) (Day) (Year)

8. AGE: Years | Months | Days 8 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name James W. Parker Jr.
13. Birthplace ..... Kans. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice M. Phleughoft
15. Birthplace ..... Kans. 1
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Parker Jr.
(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 2/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waynesville, Mo.

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.

19. (a) 2-14-1942 (b) Chas M Dodd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 1
7:00 P. M., 1942, to Feb. 9, 1942
that I last saw her alive on Feb. 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation and dehydration

Due to Intestinal obstruction

Due to Congenital adhesive bands binding duodenum

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

Major findings:
Of operations adhesions around gall bladder and duodenum
Of autopsy .....

Duration

157g 2

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)
While at work? ..... (e) Means of injury 2

23. Signature Howard O. Michelson (M.D. or other) D.O.
Address Waynesville, Mo. Date signed 2/9/42

1170

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 242-102
Date Filed 2-16-42

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 Paul B. Koop

Licensed Embalmer No. 3261

P. O. Address Crocker 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.