S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10933

State File No.

FILED APR 20 1942

Registration District No. 40391

Primary Registration District No. 5-5-46 4233

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton Tun
(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 two years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 047

(c) City or town Ironton 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John William Parker

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 17 (Day) 1867 (Year)

8. AGE: Years 74 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Francis Marion Parker
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Isabelle Russell
15. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Lon Parker
(b) Address Arcadia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Arcadia White Ironton Mo.

19. (a) 3-16-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 6 minute A M.

21. I hereby certify that I attended the deceased from December 29, 1941, to March 11, 1942
that I last saw him alive on March 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 wks.
Due to Prostatic obstruction	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

137a

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 0

23. Signature George Gay (M. D. or other) M.D.
Address Ironton, Missouri Date signed 3-13-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 442-453
Date Filed 4-13-42

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 Ancel J. White

Licensed Embalmer No. 3072

P. O. Address Groton Md.

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.