

FILED JUL 15 1942 9-9:7

Registration District No. _____ Primary Registration District No. **40-60-5147** Registrar's No. **6**

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

1. PLACE OF DEATH:
 (a) County **Caldwell**
 (b) City or town **Rockford Miss**
(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 **all his life**
years, months or days

3. (a) PRINT FULL NAME **Jenava Helen Parker**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Female** **5. Color or race** **wh** **6. (a) Single, widowed, married,** **divorced** **married**
6. (b) Name of husband or wife **Frank Parker** **6. (c) Age of husband or wife if** **43** **years**
7. Birth date of deceased **May 5 1908**
(Month) (Day) (Year)

8. AGE: Years **34** Months **1** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **Clinton Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James McQuire**
13. Birthplace **Ill. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Helen Guymer**
15. Birthplace **Ill. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Parker**
(b) Address **Kingston Mo**
17. (a) (b) Date thereof **6-20-42**
(Burial or cremation) (Month) (Day) (Year)
(c) Place: burial or cremation **Kidder Mo**

18. (a) Signature of funeral director **Aspaugh & Cowley**
(b) Address **Pale Mo**
19. (a) 6-24-42 (b) Mrs. Vivian Bulgwate
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **13**
 (a) State **MO** (b) County **Caldwell**
 (c) City or town **Kingston MO**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
 year **1942** hour **5** minute **5** M.

21. I hereby certify that I attended the deceased from **June 17 1942** **to** **at** **19**;
 that I last saw her alive on **dead** **19**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Injuries resulting from train colliding with auto** **Instant**
Duration

Due to **Rock Island Crossing 3 mi N. 1/2 S. of Polo.**
 Due to **Train No 911 Engine 5052 T.E. Haller Conductor**

Other conditions **E. A. Thompson Coroner**
(Include pregnancy within 3 months of death)

Major findings: **Fracture - Basilar**
 Of operations _____
 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) **Accident V.3**
 (b) Date of occurrence **June 17 - 1942**
 (c) Where did injury occur **R.R. Crossing Caldwell Mo**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.R. Crossing in Rockford Pa. Caldwell Co
(Specify type of place)
 While at work? _____ (e) Means of injury **Concussion**
23. Signature **E. A. Thompson** **Coroner**
(M. D. or other)
 Address **Brickville Ill** Date signed **6-17-1942**

*Original
Noted for
Date*

Call for list

Business Address

*Room
Franklin
Wash
2 1402*

*34
14
14*

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. 1015

..... P.O. Address Polo 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.