

Filed NOV 13 1942  
Registration District No. 20

Primary Registration District No. 5444

Registrar's No. 24

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

1. PLACE OF DEATH:  
(a) County Gentry  
(b) City or town Rural Athens  
(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.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Gentry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Orilla Jane Parker  
(b) If veteran, name war.....  
(c) Social Security No.....

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Charles Parker  
(c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Oct. 9 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 22 hr. min.

9. Birthplace York County, Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER  
12. Name John Hughes  
13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Bennett  
15. Birthplace Carroll Co. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Parker  
(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof Nov 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View  
(d) Address Albany Mo

18. (a) Signature of funeral director [Signature]  
(b) Address Albany Mo  
19. (a) Nov 2-1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 31  
year 1942 hour 3 minute 50 P.M.  
21. I hereby certify that I attended the deceased from Oct. 19, 1942 to Oct. 31, 1942  
that I last saw her alive on Oct. 26, 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Sarcoma of right hip and metastases to lungs.  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) 47d  
Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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?  
While at work..... (Specify type of place)  
(e) Means of injury.....  
23. Signature W. G. Martin (M. D. or other)  
Address Albany, Mo. Date signed Nov 2, 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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 5329

P. O. Address. Albany 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.**