

FILED DEC 18 1942

Registration District No. 278

Primary Registration District No. 5788

Registrar's No. 74

1. PLACE OF DEATH:

(a) County: Mississippi

(b) City or town: Rural Belmont
(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) 1 Miss Temp

(d) Length of stay: In hospital or institution. (Specify whether)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Mississippi

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 16 miles S. of E. Prairie
(If rural, give location)

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

3. (a) PRINT FULL NAME: JAMES PARKER

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: 0

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

7. Birth date of deceased: Nov. 19, 1942
(Month) (Day) (Year)

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

 1 hr. min.

9. Birthplace: Mississippi (City, town, or county) Mo (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Arbie Lynn Parker

13. Birthplace: Wasson, Tenn (City, town, or county) (State or foreign country)

14. Maiden name: Christy Audrey Hopper

15. Birthplace: Hickman, Ky (City, town, or county) (State or foreign country)

16. (a) Informant: Arbie Lynn Parker

(b) Address: Columbus, Ky

17. (a) Rural (b) Date thereof: Nov. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Columbus, Ky

18. (a) Signature of funeral director: Frank E. Bugman

(b) Address: East Prairie, Mo

19. (a) 12-8-42 (b) Frank E. Bugman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1942 hour 10.05 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature (5 1/2 mos) Duration

Due to: Do not know

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:

Of operations:

Of autopsy:

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: George W. Whitaker (M. D. or other)

Address: East Prairie, Mo Date signed: 12/8/42

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

67
00

RECEIVED

District Health Office No. 2,

District File Number 1242-1692

Date Filed 12-16-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.