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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41519

Registration District No. 268 | Primary Registration District No. 5906 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Rural — Wardell, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jesse Pier Lum (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 4 months 9 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pemiscot
(c) City or town: Rural Wardell Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 18 (If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country: 0

3. (a) PRINT FULL NAME: Catherine Parker
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 6 (Day) 1942 (Year)
8. AGE: Years | Months: 4 | Days: 9 | If less than one day: hr. min.
9. Birthplace: Wardell (City, town, or county) Missouri (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Booker Parker
FATHER 13. Birthplace: Hilbert Point (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name: Jeni Williams
MOTHER 15. Birthplace: Tillar (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant: Booker Parker
(b) Address: Wardell, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date (thereof): 12 16 42 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Paul Cemetery Wardell Mo
18. (a) Signature of funeral director: Noel C. Dean
(b) Address: Portageville Mo
19. (a) 12-31-42 (Date received local registrar) (b) J. L. Creasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 15 year: 1942 hour: 5 minute: 15 A. M.
21. I hereby certify that I attended the deceased from Dec 13 1942 to Dec. 15 1942 that I last saw her alive on Dec 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial — Pneumonia	5 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: John J. Killian (M. D. or other)
Address: Portageville, Mo. Date signed: 12-15-42

(Licensed Embalmer's Statement on Reverse Side)

1-14-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville 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.

. S. No. 2B
0M—8-21-41
I X29288

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. 4519

Registration District No. 268 Primary Registration District No. 5906 Registrar's No.

SUPPLEMENTARY

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

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

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

4. Sex F
5. Color or race B
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 6 (Day) 1864 (Year)

8. AGE: Years Months 4 Days If less than one day hr. min.

9. Birthplace (City, town, or county) mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 45 year 1942 hour minute 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.

	Duration
Immediate cause of death Bronchio Pneumonia	5 days
Due to Another disease such as meals Bertussis	
Due to the present test Bronchiopneumonia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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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)
(b) 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
23. Signature (M. D. or other)
Address Date signed