

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3140
Do not use this space.

1. PLACE OF DEATH
 (a) County PIKE Registration District No. 278
 (b) Township ~~PIKE~~ Primary Registration District No. 3054
 (c) City LOUISIANA (If death occurred in Hospital or Institution, write its name instead of street and number)
 (d) Street No. Monroe Springs Hospital St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROY A. PARKER
 (a) Residence, No. Bowling Green No. 110 St. (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9th 1878

| | | | |
|--------------|----------|----------|--|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
| <u>64</u> | <u>5</u> | <u>4</u> | |

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roachdale, Ind.

FATHER

13. NAME William D. Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County, Indiana

MOTHER

15. MAIDEN NAME Mary Miles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County, Kentucky

17. INFORMANT (ADDRESS) George H. Ray, Bowling Green, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia, Mo. DATE 1-16-43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grace Bankhead, Bowling Green, Mo.

20. FILED 1/14 1943 J. Otley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1943, to Jan 13, 1943
 I last saw him alive on Jan 13, 1943. Death is said to have occurred on the date stated above, at 3 P.m.
 The principal cause of death and related causes of importance were as follows:
Cardiovascular
Renal Hypertension
Atherosclerosis

Date of onset 19.3.5

Other contributory causes of importance: 131a

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. P. Ray, M.D.
 (Address) Louisiana

RECEIVED

District Health Officer No. 10

District File Number

2-43-198

Date Filed

FEB 9 1943

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

Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address *Boonville Green, 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, above space should be left blank.