

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13766

State File No. \_\_\_\_\_

FILED MAY 13 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 1800

Registrar's No. 525

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mercy Hospital  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Parker

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

4. Sex Female 5. Color or race white 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: 4 4 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
00 0 0 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas Parker  
13. Birthplace Route 6, St. Joseph, Mo.  
Freda Elder (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Columbia, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Parker  
(b) Address Route 6, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Fred O. Clark  
(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 4-6-43 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 43 hour 10 minute 31 A.M.

21. I hereby certify that I attended the deceased from April 4th  
at 9 P.M., 1943, to April 5, 1943  
that I last saw her alive on April 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (7 months) triplet

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury 2

23. Signature Ben M. Kules (M. D. or other) D.D.  
Address April 5 Date signed 4/5/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1253

(Licensed Embalmer's Statement on Reverse Side) 6207 King Hill, St. Joseph, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed not by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Fred D. Clark  
Licensed Embalmer No. 4239  
P. O. Address St. Joseph, 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.**