

FILED MAY 3 1948

Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Euchannan**
(b) City or town **Saint Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1606 1/2 So. 6th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether years, months or days)
In this community **about 25 yrs. puls**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchannan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1606 1/2 So. 6th Street**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME

Elizabeth Parker

3. (b) If veteran, name was **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **2 Widowed**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if deceased **Deceased** alive _____ years

7. Birth date of deceased **March 2 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **I** Days **I** If less than one day _____ hr. _____ min.

9. Birthplace **Vicksburg Miss.** (City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business **None**

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Sampson Parker**

(b) Address **1606 1/2 So. 6th Street St. Joseph, Mo**

17. (a) **Burial** (b) Date thereof **April 7/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivett**

18. (a) Signature of funeral director **Ramsey And Son**

(b) Address **1602 Messanie, St. Joseph, Mo**

19. (a) **4-7-48** (b) **Rae Stegoy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3** year **1948** hour **II** minute **20** A.M.

21. I hereby certify that I attended the deceased from **March 28 1948** to **April 3 1948** that I last saw her alive on **April 3 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Unknown
Duration **Unknown**

Due to _____
Due to _____

Other conditions **pernicious Anemia** Unknown
(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) (e) Means of injury _____

23. Signature **J. D. Stegoy** (M. D. or other) **D**
Address **375 So. 16th St. St. Joseph, Mo** Date signed **4-6-48**

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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 _____

J. F. Ramsey
4081 - *St Joseph*
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.