S. No. 2
M—9-4-41
5-17-39
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41
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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

21434

State File No.

FILED JUL 12 1943

Registration District No. 133

Primary Registration District No. 5483

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Home. 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 ~~XX~~ years (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

41
/
/

(a) State Missouri (b) County Harrison

(c) City or town Bethany, Mo.
(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 0

3. (a) PRINT FULL NAME Alic Parker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife no

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

7. Birth date of deceased 2 (Month) 5 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	22	hr. min.

9. Birthplace Morgan County (City, town, or county) Indiana (State or foreign country) /

10. Usual occupation none

11. Industry or business farm

FATHER
12. Name Charles Parker
13. Birthplace Indiana (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Elizabeth Hooten
15. Birthplace (City, town, or county) Indiana (State or foreign country) /

16. (a) Informant Frank Parker
(b) Address Bethany, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 29 (Day) 1943 (Year)
(c) Place: burial or cremation Prairie Chapel

18. (a) Signature of funeral director M B Hall
(b) Address Bethany, Mo.

19. (a) June 8-43 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 7-10, 1941, to 5-27, 1943
that I last saw him alive on 5-24-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to —	
—	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
—	
Of autopsy	

93d

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 R. R. Golden Jr. (M. D. or other)
Address Bethany, Mo. Date signed 6-8-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3899

P. O. Address Bethany 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.