

FILED JUL 12 1943

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural-Parson Township
(c) Name of hospital or institution: Jasper Co. Alms House & Farm 5
(d) Length of stay: In hospital or institution Since Feb. 1943
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(d) Street No. Route 4, Carthage
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Edson Parker

3. (b) If veteran name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive. - - years

7. Birth date of deceased May 7 1852

8. AGE: Years 91 Months 1 Days 8

9. Birthplace Unknown Unknown

10. Usual occupation Farmer

11. Industry or business Inmate County Farm

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown Unknown 14. Maiden name Unknown 15. Birthplace Unknown Unknown

16. (a) Informant County Farm Records (b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof June 18, 1943 (c) Place of burial or cremation On Parks Cemetery

18. (a) Signature of funeral director Knell Mortuary (b) Address Carthage, Missouri

19. (a) June 16 1943 (b) Elizabeth Couplin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 12 minute PM M.

21. I hereby certify that I attended the deceased from June 1 1943 to June 14 1943 that I last saw him alive on June 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to

Other conditions (Include pregnancy within 3 months of death) 93 1/2

Major findings: Of operations Of autopsy

Duration 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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. A. Webster (M. D. or other) Address Carthage, Mo. Date signed June 16 1943

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

9009

X32873

1203

43-6-572

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.....

John D. Batchelder

Licensed Embalmer No.....

4653

P. O. Address.....

Carthage, 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.