

FILED JUL 2 1943

Registration District No. 873

Primary Registration District No. 5655

Registrar's No. 9496

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 891 days
(Specify whether)

In this community 890 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wade

(c) City or town Baldwin
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GERTRUDE ELEANOR PARKER

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 June 2 1919
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>24</u>	<u>0</u>	<u>3</u>	hr. min.

9. Birthplace Winston Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name Law S. Parker

13. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Neal

15. Birthplace Ravenwood Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael; Record Clerk

(b) Address Mo. State San., Mount Vernon

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6-6-43
(Month), (Day) (Year)

(c) Place: burial or cremation Maryville Missouri

18. (a) Signature of funeral director Fessett F. Home

(b) Address Mount Vernon Mo

19. (a) 6-10-43 (b) Audrey Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1943 hour 7 minute 20 P M.

21. I hereby certify that I attended the deceased from December 27 1940 to June 5 1943
that I last saw her alive on June 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 3 1/2 yrs

Due to

Due to

Due to

Due to

Other conditions 13 bl
(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?

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

While at work? At the State Sanatorium (Specify type of place)

(e) Means of injury

23. Signature W. F. McMichael (M. D. or other)

Address Mount Vernon Mo Date signed 6-10-43

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

MOTHER FATHER

RECEIVED

Journal Health Officer No. 6,

District File Number 643-756

Date Filed JUN 29 1943

OCT 8 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 May L. Fossett
Licensed Embalmer No. 4252
P. O. Address Mt. Vernon, N

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.