No. 2
1-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31406

State File No.

Registration District No. 59 Primary Registration District No. 5222 Registrar's No. 165

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Dolan Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution At home (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19 0

(c) City or town Rural 0
(If outside city or town limits write "RURAL")

(d) Street No. 5 Miles South of Freeman
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harvey Corskaden Parker

8. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Jennie Charlotte Anderson

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept (Month) 16 (Day) 1885 (Year)

8. AGE: Years 57 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Freeman (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Thornton Parker
13. Birthplace (City, town, or county) W. Va. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Zion
15. Birthplace (City, town, or county) W. Va. 1 (State or foreign country)

16. (a) Informant Mrs Jennie Parker
(b) Address Lisle Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director Atkinson Bros.
(b) Address Harrisonville Mo

19. (a) Sept. 7, 1943 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1943 hour minute 8:00 P.M.

21. I hereby certify that I attended the deceased ~~from~~ on Sept 3 1943 to , 19 ;
that I last saw h alive on Dead when seen , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage c Sudden Death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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? (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 Basil O Hartwell (M. D. or other)
Address Drexel Mo Date signed 9/9/43

(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~~ Personally

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: Floyd A. Brinson

Licensed Embalmer No. 3920

P. O. Address: Harmonville

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, above space should be left blank.