

No. 2
5-42
5-17-39

31500

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 2 - 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Penitentiary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Sept. 13, 1943.
In this community 13 Yrs., 5 Months & 17 Days
(Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. Mo. State Penitentiary
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clayton Parker

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 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 December 3rd., 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>9</u>	<u>25</u> hr. min.

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

10. Usual occupation Laborer

11. Industry or business Common Labor.

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Prison Records.

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof Sept. 31, 1943
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Janna Senova

(b) Address 700 Jefferson

19. (a) 9-29-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1943 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1943
....., 19....., to Sept. 28th., 19. 43

that I last saw him alive on Sept. 28th., 1943;
and that death occurred on the date and hour stated above

Immediate cause of death: Myocarditis Duration

Due to

Due to hepatic arteriosclerosis

Other conditions 7/31a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. W. Richter (M. D. or other)

Address Jefferson City, Mo. Date signed 9-29-43

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

36
5
4

26
5
4

2014

OCT 20 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 *J. H. Anderson*
Licensed Embalmer No. *3641*
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.