

5. No. 2  
4-2.43  
-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31959**

**FILED SEP 22 1943**  
170

Registration District No. **170**

Primary Registration District No. **5630**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon (Rural) Rt # 2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Johnson's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon (Rural) 0530  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES PARKER

3. (b) If veteran, name war /  
3. (c) Social Security No. none

4. Sex m 0  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
Lavina Parker  
7. Birth date of deceased July 6 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Nathan Parker  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Judith Petrus  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lavina Parker  
(b) Address Lebanon Mo Rt # 2

17. (a) Burial (b) Date thereof Aug 14 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W E Holman  
(b) Address Lebanon Mo

19. (a) Sept - 3 - 43 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7  
year 1943 hour 1 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from August 1st 1943 to Aug 7 1943  
that I last saw him alive on Aug 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis  
Duration \_\_\_\_\_

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_

Other conditions General organic weakness  
(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? no (Specify type of place) (e) Means of injury none

23. Signature T. H. Cary (M. D. or other) \_\_\_\_\_  
Address Lebanon Mo Date signed 8-17-43

1580 (Licensed Embalmer's Statement on Reverse Side)

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

Received .....  
Laclede County Health Unit  
File No. 8-43-189 .....  
Date Filed 9/20/43 .....

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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 *Dorsey M. Howe* .....  
Licensed Embalmer No. *4222* .....  
P. O. Address *Lebanon, 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.