

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

32739

Registration District No. 337

Primary Registration District No.

4496

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbyville
(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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROBERT BUCHANAN 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 Widowed

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

7. Birth date of deceased June 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 22 - hr. - min.

9. Birthplace P. E. Shelby Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Wm D. Parker

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

14. Maiden name Reuben Buchanan

15. Birthplace Mo Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Wright

(b) Address Kirkcubitt, Mo

17. (a) Burial (b) Date thereof Sept 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville Mo.

19. (a) Oct 4 1943 (b) Madge Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Shelbyville
(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 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1943 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 16, 1943, to Sept 16, 1943, that I last saw him alive on Sept 16, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency
Probably thrombosis
Due to Arterio Sclerosis
Due to 940

Other conditions Had been having Anginal
(Include pregnancy within 3 months of death)
Symptoms for some 2 years
Major findings: Of operations -

Of autopsy none

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 P. C. Braker (M. D. or other) -
Address Shelbyville - Mo. Date signed 9-18-43

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

22
00

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-43-1645

Date Filed OCT 6 1945

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.....

E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address. Shelbyville, 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.