

FILED FEB 11 1944

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper Jackson
(b) City or town Rural - Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural - Union Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3, Carthage, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT L. PARKER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bertha Waltz Parker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 17, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Ret'd. Merchant

11. Industry or business _____

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 Leo Waltz

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 1-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Jan. 5 '44 (b) Elizabeth Couplin
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3, year 1944 hour 9:55 minute A. M.

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him did not see him alive _____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart failure

Due to general atherosclerosis

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? _____

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

23. Signature R.A. Webster (M. D. or other) _____

Address Carthage Mo Date Jan 4, 44

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

49
0
0

49

0

1203

44-1-103

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.....

Ed [Signature]

Licensed Embalmer No.....

2272

P. O. Address.....

Carthage

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.