

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 18 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18369**

Registration District No. **137**

Primary Registration District No. **5584**

Registrar's No. **113**

**1. PLACE OF DEATH:**  
 (a) County Jasper  
 (b) City or town Rural - McDonald Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route #2, Sarcoux, Mo. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 2 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Jasper  
 (c) City or town Rural - McDonald  
(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** GEORGE I. PARKER  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. 500-09-2235

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month May day 6  
 year 1944 hour 3:20 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw did not see him alive \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Cora Roades Parker 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased May 23, 1889  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion  
 Duration \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>54</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

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

9. Birthplace X Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farm laborer

Other conditions History of attacks of angina pect.  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name John Parker  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Loretta Adams  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations 940  
 Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. Cora Parker  
 (b) Address Larussell, Missouri  
 17. (a) Burial (b) Date thereof 5-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Harvery Cemetery  
 18. (a) Signature of funeral director Ed. C. Ulmer  
 (b) Address Carthage, Mo.  
 19. (a) May 8, 1944 (b) Elizabeth Couplin  
(Date revised local registrar) (Registrar's signature)

**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 Coronary  
 23. Signature E. C. Ulmer (M. D. or other) May 7, 1944  
 Address Carthage, Mo. Date signed \_\_\_\_\_

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

600

1213

44-5-457

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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.....

*Edleulmer*

Licensed Embalmer No.....

*2223*

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.**