

V. S. No. 2
DOM-8-43
ex. 5-17-39
PI X37823

31052

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED SEP 22 1944

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's of the Ozarks
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days
(Specify whether _____)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/2 miles west of Arcadia Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Luella Marie Parker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10th
year 1944 hour 3.00 minute A.M.

21. I hereby certify that I attended the deceased from 8-31
1944, to 9-10, 1944
that I last saw her alive on 9-10, 1944
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married 11-2

6. (b) Name of husband or wife James Parker

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased: Dec. 10 1914
(Month) (Day) (Year)

Immediate cause of death: Septicemia 9/11/44
Pelvic Peritonitis 9/1/44
Post-abortal

Due to _____

Due to Spontaneous miscarriage 8/21/44

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

29	9	0	hr. min.
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PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: 140 lb

Underline the cause to which death should be charged statistically.

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

10. Usual occupation housewife

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? _____

11. Industry or business _____

12. Name Christ F. Clements

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Burley

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

23. Signature P. E. Harland (M. D. or other) M.D.
Address Ironton, Mo. Date signed 9-11-44

16. (a) Informant James Parker

(b) Address Arcadia, Mo.

17. (a) removal (b) Date thereof 9/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director James White & Sons

(b) Address Ironton, Mo.

19. (a) 9-12-44 (b) Mrs. Francis E. Howard
(Date received local registrar) (Registrar's signature)

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

7-7
1
0

JAN 31 1955

SEP 22 1944

OCT 19 1944

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..... *Annel J. White*

Licensed Embalmer No. *3013*

P. O. Address..... *Drouton, 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.