

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 20 1945
Registration District No. 3

Primary Registration District No. 3006

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 206 Oak St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: 25 years (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL.")

(d) Street No. 206 Oak St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MATTIE PARKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro

6. (a) Single, widowed, married, divorced Married

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

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

7. Birth date of deceased about 1880
(Month) (Day) (Year)

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

about 65 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Andy Jennings

13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Henley

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

16. (a) Informant Cassie Smith

(b) Address Columbia Mo.

17. (a) Burial (b) Date thereof 7-17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocking M.

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia, Missouri

19. (a) 7-16-1945 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1945 hour 3:27 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 15 to July 12, 1945
that I last saw her alive on July 12, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis & Sanguis of feet

Due to Stroke

Due to Gen Arterio sclerosis

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

Major findings:
Of operations _____

Of autopsy _____

97

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? _____

(Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature Stephen Smith (M. D. or other) _____
Address Columbia Date signed 7/15

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

MOTHER FATHER

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 8-16-45

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 2900

P. O. Address. Columbia, 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.