

No. 2
-8-43
-17-39
X37823

FILED JAN 25 1945

Registration District No. _____

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH

(a) County CRUMBY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1004 Halliburton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME HELENA M. PARKER

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm Parker 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 10 1894 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>7</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Yacator Missouri (City, town, or county) (State or foreign country)

10. Usual occupation 7 hairpins

11. Industry or business Home

12. Name Charles H. Lester
13. Birthplace Davis Missour (City, town, or county) (State or foreign country)
14. Maiden name Maggie Haley
15. Birthplace Beaumont Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant Homer J Parker
(b) Address Trenton Mo.

17. (a) Davis (b) Date thereof Dec 15, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yacator, Main County
18. (a) Signature of funeral director Raymond A. Davis
(b) Address Trenton Mo.

19. (a) 12-13-45 (b) Jesse Fair (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 40
(c) City or town Trenton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1004 Halliburton 2
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1945 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 2 20th 1944 to Dec 12 1945; that I last saw her alive on Dec 10 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Right Breast with metastases to thoracic lymph nodes
Due to DO NOT KNOW

Duration 2 years

Due to HO
Other conditions (Include pregnancy within 3 months of death) _____
Major findings Of operation Right Breast removed Dec 1944
Of autopsy _____

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) (No) Means of injury NO
23. Signature Charles H. Lester (M. D. or other) Dec
Address Trenton Mo. Date signed 12-13-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100157

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.