S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22940

Registration District No. 13 Primary Registration District No. 2010 Registrar's No. 246

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether years, months or days)
In this community 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100 2 2
(c) City or town Fornfelt
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Doris Anne Parker
3. (b) If veteran, name war ✓
3. (c) Social Security No. —
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May (Month) 30 (Day) 1946 (Year)

8. AGE: Years —, Months 1, Days 10, If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Verhon Parker
13. Birthplace Hot Springs (City, town, or county) Ark. (State or foreign country)
MOTHER
14. Maiden name Elberta Wright
15. Birthplace Commerce (City, town, or county) Mo (State or foreign country)
16. (a) Informant Verhon Parker
(b) Address Fornfelt, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk. Cape Co.
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Jill Mo, Mo
19. (a) 7-23-1946 (Date received local registrar) (b) E. E. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1946 hour 12:30 AM minute M.
21. I hereby certify that I attended the deceased from July 3, 1946, to July 10, 1946 that I last saw him alive on July 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	Life
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Colitis	4 wks

Major findings:
Of operations
Of autopsy 154

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? (e) Means of injury
23. Signature D. A. Cochran (M. D.)
Address Cape Girardeau Date signed 7/21/46

44 (Licensed Embalmer's Statement on Reverse Side) Mo

RECEIVED

District Health Officer No. 4

District File Number 246-2392

Date Filed 7-30-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Maurice Dougherty

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.