S. No. 2
I—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24071

Registration District No. 157 Primary Registration District No. 55 86 Registrar's No. 139

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Rural- Marion
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carthage Rt # 4 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 68 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

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

(d) Street No.: Carthage Rt # 4. 0
(If rural, give location) 0

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Effie B. Parker

3. (b) If veteran, name war: None

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: Harley T. Parker

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: March (Month) 3 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	26	____ hr. ____ min.

9. Birthplace: Jasper Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: Thomas Denney
13. Birthplace: Unknown (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Fullerton
15. Birthplace: Jasper Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Harley Parker
(b) Address: Carthage Rt # 4.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-31-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Dudman Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) 7-30-46 (Date received local registrar) (b) L. B. Clinton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 29 year: 1946 hour: 1 minute: 50 p.m.

21. I hereby certify that I attended the deceased from July 29, 1946, to July 29, 1946, that I last saw her alive on July 29, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration: 1½ hours

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
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? (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: H. Ford M.D. (M. D. or other)
Address: Carthage Mo. Date signed: July 30-1946

139 (Licensed Embalmer's Statement on Reverse Side)

46-7-624

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 Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.