

Registration District No. 8

Primary Registration District No. 4021

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Audrain.
(b) City or town Laddonia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 45 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain.
(c) City or town Laddonia, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Timothy J. Parker.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Eliza Tournier. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 8, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 6 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business Farm.

12. Name John C. Parker.

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

14. Maiden name Juliet Barney.

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

16. (a) Informant Miss Pearl Parker.
(b) Address Laddonia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation My Olivett Cemetery

18. (a) Signature of funeral director Olydd. Wilkey
(b) Address Laddonia, Mo.

19. (a) August 16, 1946 (Date received local registrar) (b) Martha Kenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14th year 1946 hour 3:00 minute 25 A. M.

21. I hereby certify that I attended the deceased from Aug 1 - Aug 14, 1946 to Aug 14, 1946 that I last saw him alive on Aug 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to arterio sclerosis chronic

Due to

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations g30

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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) (c) Means of injury.....

23. Signature W. K. McCall (M. D. or other).....

Address Laddonia, Mo. Date signed 8-16-46

Duration

5-Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File No. 1-8-46-1598
AUG 1-9 1946

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..... *Clyde W. Wiley*

Licensed Embalmer No. *3820*

P.O. Address..... *Ferry, 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.