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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 34366

FILED SEP 21 1946

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 388

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia (rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South 65 highway near High Point 3 (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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis 80
(c) City or town: Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No.: 1720 South Stewart (If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Norman Boone Parker
3. (b) If veteran, name war: none
3. (c) Social Security No. 486-30-7693
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: *******
6. (c) Age of husband or wife if alive: *** years
7. Birth date of deceased: March 5, 1929 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 17 | 7 | 0 | hr. min. |

9. Birthplace: Altona, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: laborer
11. Industry or business: Construction Company
FATHER
12. Name: Ovid B. Parker
13. Birthplace: St. Clair County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mora Peal
15. Birthplace: Hickory County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Oran Parker (cousin)
(b) Address: 1720 South Stewart
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Missouri
19. (a) 10/7/46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1946 hour 12 01 minute A M.
21. I hereby certify that ~~I attended~~ viewed the deceased from Coroner Oct. 6, 1946, to, 19; that I last saw h. alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Broken Neck. Temporal Fracture of skull left side
Due to: auto wreck. on Hiway
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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): Accident 135
(b) Date of occurrence: 10/6/46
(c) Where did injury occur? Hiway 65 - Sedalia - Pettis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hiway #65 (Specify type of place)
While at work? no (e) Means of injury: Collision 2
23. Signature: W. K. L. Holden (M. D. or other) D.O.
Address: 315 Fly. Bldg. Sedalia, Mo. Date signed: 10/6/46

251 (Licensed Embalmer's Statement on Reverse Side) S.H.P. Coll. with other M. Vehicle

RECEIVED
District Health ... No. 8,
10-19-46

## 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 Diane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.**