

FILED DEC 23 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41233

State File No.

X35897

Registration District No. 197

Primary Registration District No. 3038

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1322 COURT AND AVE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 58 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 Courtland Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna Thiesa Parker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex g 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Dec 30 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days - If less than one day hr. min.

9. Birthplace Maynard Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Thomas M. Graham

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

14. Maiden name Elizabeth Stone

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

16. (a) Informant George A. Parker

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Dec 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield

18. (a) Signature of funeral director Boelden Funeral Home

(b) Address Brookfield Mo

19. (a) 12/2/46 (b) W. B. Erwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1946 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from June 1934 to Nov 30 1946
that I last saw her alive on Nov 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left breast Duration 15 yrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations 50

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) (e) Means of injury 2

23. Signature W. B. Simpson (M. D. or other) MD

Address Brookfield, Mo Date signed 11-30-46

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

40040

167

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..... *James B. McClelland*
Licensed Embalmer No. *4230*
P. O. Address..... *Brookfield, 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.