

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13261**
Registrar's No. **96**

Registration District No. **137** Primary Registration District No. **3023**

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Quinn's Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry **42**
 (c) City or town Clinton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 403 S main st **2**
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME LILLIE LOVELLA PARKER
 3. (b) If veteran, name war.....
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 4
 year 1947 hour 4 minute 15 **AM**

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Peter H Parker
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Oct 8-18-57
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1945 to April 4, 1947
 that I last saw her alive on April 3, 1947
 and that death occurred on the date and hour stated above.
 Duration 3 yrs

8. AGE: Years 89 Months 5 Days 26
 If less than one day hr. min.

Immediate cause of death Chronic myocarditis
 Due to Hypertensive Cardiovascular disease
 Due to.....
 Other conditions (include pregnancy within 3 months of death) none

9. Birthplace Vermillion Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business.....
 12. Name George Goff
 13. Birthplace Vermillion Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Cornelia Miller
 15. Birthplace Vermillion Indiana
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations none
 Of autopsies none
PHYSICIAN
 Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs Fred Crawford
 (b) Address Dallas Texas

17. (a) Burial (b) Date thereof 4-9-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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) no
 While at work? (e) Means of injury.....

18. (a) Signature of funeral director Conalust Pick
 (b) Address Clinton Mo
19. (a) 4-9-47 (b) R. B. Kenney
 (Date received local registrar) (Registrar's signature)

23. Signature S. B. Kenney (M. D. or other) MD
 Address Clinton Mo Date signed 4/9/47

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

120

Date filed 4-17-47
District file number 3-47-449
District Health Officer No. 7
RECEIVED

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 J. E. Conrad
Licensed Embalmer No. 1891
P. O. Address Clinton 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.