S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

Registration District No. [illegible]

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1600

State File No. 20160

Registrar's No. 754

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Josephs Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Hr. (Specify whether
In this community 24 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Plattsburg 3
(If outside city or town limits, write "RURAL")

(d) Street No. " 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mary Annie Parker

3. (b) If veteran, name war x x

3. (c) Social Security No. x x

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Wm. H. Parker

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

7. Birth date of deceased Sept (Month) 1 (Day) 1865 (Year)

8. AGE: Years 81 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Homekeeper

11. Industry or business

FATHER
12. Name Thomas H. Leonard
13. Birthplace — Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Oconnell
15. Birthplace — Rhode Island (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Parker
(b) Address Plattsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron Mo.

18. (a) Signature of funeral director D. D. Lyon
(b) Address Plattsburg, Mo.

19. (a) 6-18-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1947 hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from June 16-47, 19, to June 17, 1947
that I last saw her alive on June 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary hemorrhage	3 days
Due to Old tuberculosis — pulmonary.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None.

13 B

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 0

23. Signature Paul Forgrave (M. D. ~~or other~~)
Address St Joseph, Mo Date signed 6-18-47

(Licensed Embalmer's Statement on Reverse Side)

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 Darell W. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.