

**FILED SEP 3 1947**  
Registration District No. **1**

Primary Registration District No. **4002**  
**3050**

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

1. PLACE OF DEATH:

(a) County **ADAIR**  
(b) City or town **BRASHEAR**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **29 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ADAIR**  
(c) City or town **BRASHEAR**  
(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 **GEORGE B. PARKER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **DEC 15 1863**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **8** Days **7** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **OHIO** (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER (RETIRED)**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **CHAS. PARKER**

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

14. Maiden name **MARY M. BOY**

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

16. (a) Informant **Mrs. Elo Henry**

(b) Address **Brashear Mo**

17. (a) **burial** (b) Date thereof **8-24-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brashear Cemetery**

18. (a) Signature of funeral director **F. R. Garby**

(b) Address **Brashear Mo.**

19. (a) **8-27-47** (b) **Nate Lambert**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **22**  
year **1947** hour **12** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **John** 1943 to **Aug** 1947  
that I last saw him alive on **July** and that death occurred on the date and hour stated above.

Immediate cause of death **General Arteriosclerosis**  
Due to **Valvular heart disease**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ 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 **D**

23. Signature **J. M. Humphrey** (M. D. or other) **MD**  
Address **Brashear Mo** Date signed **8-26-47**

RECEIVED  
District Health Officer No. 10  
District File Number 9-47-1125  
Date Filed SEP-2-1947

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.....

Richard B. Keely....., Registered Apprentice No. 467  
working under my personal supervision.

Signed Geo B. Keely Jr  
Licensed Embalmer No. 3755  
P. O. Address Hurdland 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.