

FILED SEP 18 1947

Registration District No. **36**

Primary Registration District No. **2001**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Freeman Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 week**
(Specify whether
 In this community **67 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1801 Va. Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **No**

3. (a) PRINT FULL NAME

Emma M. Parker

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
 6. (b) Name of husband or wife **N. C. Parker** 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **Dec. 24, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	7	22	hr. min.

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

10. Usual occupation **retired housewife**

11. Industry or business

Henry Nippert

12. Name **Henry Nippert**
 13. Birthplace **Alsace-Lorraine**
(City, town, or county) (State or foreign country)

14. Maiden name **Amelia Holdinghausen**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther L. Spalding**
 (b) Address **1801 Va. Ave.; Joplin Mo.**

17. (a) **Burial** (b) Date thereof **8-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cametary Hurlbut Und. Co.**

18. (a) Signature of funeral director
 (b) Address **Joplin Mo.**

19. (a) **8-21-47** (b) *Valerie Sampson*
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug. 15,** day **1947**
 year **1947** hour **5-30 P.M.** minute **8-1-47** M.

21. I hereby certify that I attended the deceased from **Aug 15** 19**47**
 that I last saw h. **or** alive on **Aug 15** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left breast with metastasis to axilla probably metastases to stomach & liver**
 Due to **axilla**
 Due to **stomach & liver**

Other conditions **probable metastases to stomach & liver**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of left breast 50**
 Of operations **50**
 Of autopsy **50**

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Verbal? None**
 (b) Date of occurrence **8-18-47**
 (c) Where did injury occur? **Joplin Mo.** (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) (M. D. or other)
 Signature **Joplin Mo.** Date signed **8/16/47**

47-8-725

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 _____
Ray K. Spurlin

Licensed Embalmer No. 959

P. O. Address Japan Ave

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.