

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on Arrival
(Specify whether
In this community All his life
years, months or days)

3. (a) PRINT FULL NAME Earsel Parker

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 500-20-1633

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 2, 1923
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>9</u>	<u>29</u>	hr. -- min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER

12. Name Ned McKinley Parker

13. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cliffie Dameron

15. Birthplace Randolph Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ned Parker

(b) Address Armstrong, Missouri

17. (a) Burial (b) Date thereof Oct. 5, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roanoke Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 10-10-47 (b) Dorothy Fern Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town Armstrong (Rural)
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st.
year 1947 hour 5:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct. 1 1947
that I last saw him alive on Oct. 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Fracture of neck
Rupture of Liver

Duration

1 hr.

Due to _____

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) Accident 45

(b) Date of occurrence 10-1-1947

(c) Where did injury occur? Fayette Howard Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway

While at work? Yes (Specify type of place) Truck
(e) Means of injury Wreck

23. Signature h. B. Blain (M. D. or other) M. D.

Address Fayette, Missouri Date signed 10-10-1947

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 10-31-47

OCT 31 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.....

Lloyd O. Jaspering
working under my personal supervision.

Registered Apprentice No. 461

Signed Faysh A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.