S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36404

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10229

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Brentwood 9 (If outside city or town limits, write "RURAL")
(d) Street No. 2625 Bremerton Rd. (If rural, give location) 1
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Parelee Whitecotton
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife James Whitecotton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 26, 1882 (Month) (Day) (Year)
8. AGE: Years 65 Months 2 Days 8 If less than one day hr. min.
9. Birthplace Logan Co., Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Lum Lowe
13. Birthplace Ark. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Foster
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Marshall Whitecotton
(b) Address 2625 Bremerton Rd.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Smith, Ark.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) NOV 5 1947 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1947 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3 Nov 1947 to 4 Nov 1947; that I last saw her alive on 11:30 AM 4 Nov 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension	
Due to Stability	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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)
(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 E. L. McCall (M. D. or other)
Address 9012 Manchester Date signed 11-5-47
Brentwood Mo

Jefferson City Printing Co. (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.....H E Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....

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.