No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41140

State File No.

FILED JAN 6 1948

Registration District No. 65

Primary Registration District No. 4113

Registrar's No. 40

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON 21
(c) City or town BRUNSWICK /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LUCY PARKER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WM. PARKER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 29 (Day) 1882 (Year)

8. AGE: Years 65 Months 8 Days 16 If less than one day hr. min.

9. Birthplace BRUNSWICK (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business HOUSEWORK
FATHER
12. Name JOHN REINWALD
13. Birthplace BRUNSWICK (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name MITRY METZGER
15. Birthplace BRUNSWICK (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant WM. PARKER
(b) Address BRUNSWICK MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-18-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ BRUNSWICK MO
18. (a) Signature of funeral director L Meisel
(b) Address BRUNSWICK MO
19. (a) 12-18-47 (Date received local registrar) (b) Mildred Boone (Registrar's signature) 56

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 15TH year 1947 hour 1 minute 30A M.

21. I hereby certify that I attended the deceased from Aug 10-47 19 , to Aug 10 - 1947 that I last saw her alive on Aug 10 - 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic heart disease with heart failure
Due to Arterial rupture of heart
Due to Arterio Sclerosis and hypertension
Other conditions Arthritis chronic
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy 93D

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 Grover C Rice (M. D. or other)
Address Brunswick Mo Date signed 12-16-47

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 L M Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick Ma

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.