

S. No. 2
M-5-43
5-17-39
1 X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 100

FILED FEB 3 1948

Registration District No. 15

Primary Registration District No. 5071

Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Nashville Rural
(c) Name of hospital or institution: Liberal Route 1
(d) Length of stay: In hospital or institution 67 years
In this community 67 years

3. (a) PRINT FULL NAME SILVIAN H. Parker
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) ~~Single~~, widowed, married, divorced widowed
6. (b) Name of husband or wife Isaac Newton Parker
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased August 5 1860

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>16</u>	hr. _____ min.

9. Birthplace Johnson County Missouri
10. Usual occupation Housewife

11. Industry or business _____
12. Name A. H. Rankin
13. Birthplace Missouri
14. Maiden name Mary Ellen Couchman
15. Birthplace Kentucky

16. (a) Informant Roy Parker
(b) Address Liberal, Mo.
17. (a) Burial
(b) Date thereof Jan. 25, 1948
(c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director Chiles Funeral Home
(b) Address Lamar, Mo.
19. (a) JAN 24 1948
(b) Mary Konantz

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Rural Nashville Twp.
(d) Street No. Route 1
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 21st
year 1948 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from Aug. 1
1947 to Jan. 19th 1948
that I last saw her alive on Jan. 19th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia and Complications
Due to Siniticity
Due to unknown
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations 0
Of autopsy 0

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 0
(c) Means of injury 0
23. Signature J. R. Hill (M. D. or other) _____
Address Liberal Mo. Date signed 1/21/48

RECEIVED

District Health Officer No. 6.

District File Number 48-123

Date Filed JAN 29 1948

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 *Clarence W. Childs*.....

Licensed Embalmer No. *3413*.....

P. O. Address *Lamar 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.