

No. 2
12-45 -
17-39
X47070

FILED JAN 19 1948

Registration District No. _____ Primary Registration District No. **3015**

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

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
210 Locust - 1
(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) Lifetime

3. (a) PRINT FULL NAME LULA FRANCES PARRACK
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife MONROE PARRACK 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Feb-26-1901
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Harrison MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Souders
 13. Birthplace Ky-1
(City, town, or county) (State or foreign country)

14. Maiden name Maria Atkinson
 15. Birthplace Ky-1
(City, town, or county) (State or foreign country)

16. (a) Informant Monroe Parrack
 (b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof 1-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director De Moss Crunk
 (b) Address Cameron, Mo.

19. (a) Jan. 6, 1948 (b) Winifred W. Moser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Clinton 25
 (c) City or town Cameron, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 210 Locust - 1
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5
 year 48 hour 9 00 minute 00 a.m.

21. I hereby certify that I attended the deceased from 6 _____
15 _____, 1947, to 1-5- _____, 1948
 that I last saw her alive on Jan 1-5- _____, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration & electro lyte imbalance
 Due to cardiomyopathy

Due to Carcinoma of uterus

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of uterus
 Of operations _____
 Of autopsy 46 B

Duration

7 days

7 months

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) _____
 (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? _____

While at work? _____ (Specify type of place) _____
 (c) Means of injury _____

23. Signature RE Miller (M.D. or other) _____
 Address Cameron Mo Date signed 1-6-48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Harold L. Walker

Registered Apprentice No. *21*

working under my personal supervision.

Signed *John S. Brown*

Licensed Embalmer No. *3933*

P. O. Address: *Wayville 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.