

S. No. 300
M-10-47
v. 5-17-39
I 3906

FILED MAR 31 1948
Registration District No. **257**

Primary Registration District No. **5588**

49
40
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Larussell**
(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 **30 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Larussell**
(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 _____

3. (a) PRINT FULL NAME **Lue Retta PARKER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **June 16, 1860**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **18th**.
year **1948** hour **6:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 18th** 1948 to **Feb 18th** 1948
that I last saw **her** alive on **Feb 18th** 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 8 2 hr. min.

Immediate cause of death **Cardiac and respiratory failure** Duration **4 da**

Due to **Broncho pneumonia** **2 subd**

Due to _____

Other conditions **fibroid tumor**
(Include pregnancy within 3 months of death)

9. Birthplace **Holt County Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **James A. Adams**

13. Birthplace **Andrew Co., Mo. O**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah F. Hubbard**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **56**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. George Adams**

(b) Address **Larussell, Mo.**

17. (a) **Burial** (b) Date thereof **2-21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harvey Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Mo.**

19. (a) **2-24-1948** (b) **L. B. O. [Signature]**
(Date received local registrar) (Registrar's signature)

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? _____

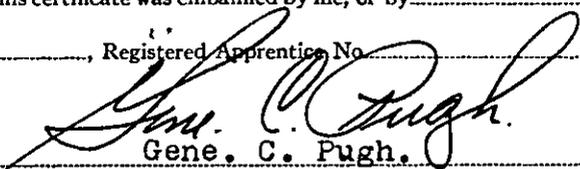
While at work? _____ (Specify type of place) (e) Means of injury **2**

23. Signature **J. K. Helbane** (M. D. or other) **Mo. O**
Address **Carthage, Mo.** Date signed **Feb 19-1948**

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.....

Gene. C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.