FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 27 1948

Registration District No. 245

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23702

Primary Registration District No. 5836

Registrar's No. 63

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: RURAL #1, NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL #1, NEOSHO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 11 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Rural #1
(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: JOHN PARKER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: REBA
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: JUNE (Month) 24 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	24	..... hr. ..... min.

9. Birthplace: Robbins, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
FATHER
12. Name: No Record
13. Birthplace: " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: No Record
15. Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Reba Parker
(b) Address: Route#1, Neosho, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Iowa City, Iowa
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo
19. (a) July 20, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1948 hour 9:20 minute A. M.
21. I hereby certify that I attended the deceased from May 12, 1948 to June 27, 1948 that I last saw him alive on June 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio Vascular Disease — Duration: Chronic
Due to: Arteriosclerotic
Due to: .....
Other conditions (Include pregnancy within 3 months of death): NO
Major findings: Of operations: none
Of autopsy: none

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? —
While at work? — (Specify type of place) (e) Means of injury .....

23. Signature: Melvin McCullough (M. D. or other) D.O.
Address: Neosho, Mo Date signed 7/20/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton Cou

District File Number 248-349

Date Filed July 26, 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 Harvey E. Arnce

Licensed Embalmer No. 4463

P. O. Address Wall City, 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.