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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1948

Registration District No. 890

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27324

Primary Registration District No. 4431

Registrar's No. 99

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Dixon
(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 years, months or days)
In this community Entire lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(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

85
0
0
0

3. (a) PRINT FULL NAME Harrison O. Parker

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Parker

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 3 (Month) 20 (Day) 1891 (Year)

8. AGE: Years 57 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Maries County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Grocery Business

FATHER
12. Name John F. Parker
13. Birthplace Maries County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lou Williams
15. Birthplace Maries County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Eva Parker
(b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri

19. (a) 8-28-48 (Date received local registrar) (b) Thelma C. Buckhalter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17 year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from May 28, 1948, to August 14, 1948, that I last saw him alive on Aug 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	10 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations /	
Of autopsy	

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

23. Signature Donley Yates (M. D. or other) D.O.
Address Dixon, Mo. Date signed 8-20-48

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 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 .....

8/17/48 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.