

FILED SEP 29 1948

Registration District No. 5714 Primary Registration District No. 195 5714 Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Mc Donald

(b) City or town Pineville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mc Donald

(c) City or town Pineville  
(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 MINNIE (MAE) PARKER

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd year 1948 hour 4 minute 30 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: May-31st 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from .....

that I last saw him alive on .....

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

8. AGE: Years 77 Months 3 Days 1 If less than one day hr. min.

9. Birthplace: Hamburg, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Jacob Sigley

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

14. Maiden name Mary Ward

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

16. (a) Informant Mrs. Green Ryan

(b) Address 162 1/2 St. 7

17. (a) Buried  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pineville

18. (a) Signature of funeral director R. M. Humphrey

(b) Address Pineville, Mo.

19. (a) 9-24-48 (Date received local registrar) (b) Mr. B. E. Bradley (Registrar's signature) 1948

Due to .....

Due to .....

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

Major findings: Of operations None

Of autopsy .....

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? Means of injury

23. Signature R. M. Humphrey

Address Pineville, Mo. Date signed 9-24-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 948-1102

Date Filed SEP 28-1948

OCT 25 1948

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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 Mayne E. Humphrey  
Licensed Embalmer No. 4262  
P. O. Address Princeton, 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.