

FILED DEC 20 1948
 Registration District No. 28

Primary Registration District No. 4374

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Madawaski
 (b) City or town Belleville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 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 whole life years, months or days

3. (a) PRINT FULL NAME

William S. Parker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 21 1878
 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 18

If less than one day hr. _____ min. _____

9. Birthplace Hamletton Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Hamilton Parker
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Grant
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm S Hill

(b) Address Hamletton Mo

17. (a) Burial (b) Date thereof 12-4-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation At Calvary Cemetery

18. (c) Signature of funeral director F. J. Kelly

(b) Address Hamletton Mo

19. (a) 12-10-48 (b) Thos Elza Crenshaw
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madawaski
 (c) City or town Belleville Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 9
 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from FEB 21, 1947, to DEC 9, 1948;
 that I last saw him alive on DEC. 2, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure and nutritional deficiencies
 Due to Malignant metastasis (generalized) Duration 3 mos.
Cancer of the lip 6-12 mos.
6 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 45A

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) (e) Means of injury 0

23. Signature Paul J. Kappel (M. D. or other) M.D.
 Address Conception St. Mo. Date signed 12/10/48

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

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.....

Anton V. Phillips

Licensed Embalmer No.....

1898

P. O. Address.....

Staten Island Md

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.