

FILED MAY 15 1951

THE DIVISION OF HEALTH OF THE STATE OF MARYLAND  
STANDARD CERTIFICATE OF DEATH

State File No. 13703

13703

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>4461</u>		Registrar's No. <u>163</u>	
1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MD.</u> b. COUNTY <u>ST FRANCIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BISMARCK</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BISMARCK</u>		09417	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EMMA</u>		b. (Middle) <u>AMANDA</u>		c. (Last) <u>BELL</u>	
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>2</u>		(Year) <u>1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb 5, 1865</u>	
9. AGE (In years last birthday)		Months <u>2</u>		Days <u>27</u>		10. IF UNDER 2 MRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>White Oak, MD. Cecil</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>William Parker</u>			
13b. MOTHER'S MAIDEN NAME <u>Becky Martin</u>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Bell</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbidity conditions; if any, giving rise to the above cause (a) stating the underlying cause last. <u>Infirmities of old age</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>593X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> to <u>May 2, 1951</u> , that I last saw the deceased alive on <u>Apr 29, 1951</u> , and that death occurred at <u>11:29</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Gale, M.D.</u>				23b. ADDRESS <u>Bismarck, MD.</u>		23c. DATE SIGNED <u>5-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 4 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOSS</u>		24d. LOCATION (City, town, or county) (State) <u>BOSS MD.</u>	
DATE REC'D BY LOCAL REG <u>May 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shimmon Parks</u>			
				ADDRESS <u>Bismarck, MD.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

0940

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

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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 \_\_\_\_\_

*John N. Shipman*

Student Embalmer No. *818 418*

working under my personal supervision.

Student *John N. Shipman*

Student Embalmer

Signed *Everett Sparks*

Licensed Embalmer No. *4287*

P. O. Address *Flat River*

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.