

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17438
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township New Primary Registration District No. 1002 Registered No. 1840
(c) City Fanss City (d) Street No. 720 Carlin St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 720 Carlin St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3/SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David H. Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 | 10 | 25 | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Butler
Missouri

FATHER

13. NAME Isaac G. McRibben14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Margaret Houseweat16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT (NAME) David H. Parker(ADDRESS) 720 Carlin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edmwood DATE May 2 3919. FUNERAL DIRECTOR (NAME) D. Newcomer Sons(ADDRESS) Brushcreek + 9 also.20. FILED May 2 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 193922. I HEREBY CERTIFY, that I attended deceased from 1:20, 1938, to 4:29, 1939I last saw her alive on 4 29, 1939. Death is said to have occurred on the date stated above, at 11:05 P m.

The principal cause of death and related causes of importance were as follows:

1-20-39 Chronic Myocarditis Date of onset 1-20-38
acute dilatation of heart 4-29-39

Other contributory causes of importance:

Hypertension 1-20-38

Name of operation none Date of 4What test confirmed diagnosis? Biopsy of Spleen autopsy m23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 4 29 39Where did injury occur? at Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fallNature of injury fracture of skull24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) R. S. Anderson, M. D.(Address) Rosedale

1401
20-0450
2-5

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 Neil Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Brushcreek

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, above space should be left blank.