WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

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

REC'D AUG 16 1939

26473
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot
Registration District No. 1102
(b) Township Pascola
Primary Registration District No. 5870
Registered No.
(c) City / /
(d) Street No. , 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elpha Parker
(a) Residence, No. 626 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1913
7. AGE YEARS 25 MONTHS 8 DAYS 21 If LESS than 1 day, hrs. or min.

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. Common Labor
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) Hayti, Mo

FATHER
13. NAME James H. Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralston Tenn

MOTHER
15. MAIDEN NAME Emma Riggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons Tenn

17. INFORMANT (ADDRESS) James H. Parker Pascola, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hayti DATE Aug. 8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emerson Burns Harnersville, Mo
20. FILED Aug 10 1939 Mrs T.R. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7 1939
22. I HEREBY CERTIFY, That I attended deceased from July 20, 1939, to July 20, 1939
I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Diagnosis Not Made at this time. Possibly some Organic Heart Disease.
Date of onset Not Known
Other contributory causes of importance: None Known
Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. R. Lipsbaugh, M. D.
(Address) Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.