

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42045

State File No.

Registrar's No.

Registration District No. 120

Primary Registration District No. 2009

410

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 323 N. Frederick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years (Specify whether
years, months or days) 2

8. (a) PRINT FULL NAME Jennie Parker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 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 June 15, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 17 If less than one day
hr. _____ min. _____

9. Birthplace Allenville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 0

11. Industry or business _____

12. Name Unknown 7

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Arnold Beal (Nephew)
(b) Address 323 N. Frederick

17. (a) Burial (b) Date thereof Dec. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Missouri

19. (a) 12/5-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 323 N. Frederick
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1940 hour 3 minute 20 a.m.

21. I hereby certify that I attended the deceased from Dec 1
1940, to Dec 2, 1940
that I last saw her alive on Dec 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 2 mo
Duration

Due to _____
Due to _____ 93H

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: no operations
Of operations _____
Of autopsy no autopsy

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?

121 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. A. Ritter, M.D. (M. D. or other) 1
Address Cape Girardeau, Mo Date signed 12.5.40

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.....

Frank Sparks

Registered Apprentice No.

working under my personal supervision.

Signed.....

Frank Sparks

Licensed Embalmer No.

3455

P.O. Address.....

Pape Scandinavia

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.