

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12223

State File No. _____

APR 9 1941

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:

(a) County scott

(b) City or town Sikeston

(c) Name of hospital or institution:
At Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston, Mo (If outside city or town limits, write "RURAL")

(d) Street No. 223 N. West St. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Augusta C. Parker

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband of Mr. 56 6. (c) Age of husband 56 years

7. Birth date of deceased January 16 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 12:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to March 30, 1941 that I last saw him alive on March 28 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------------------|
| 65 | 2 | 14 | _____ hr. _____ min. |
|----|---|----|----------------------|

Immediate cause of death Organic heart lesion

Due to high blood pressure and arterio sclerosis

Due to This lady died very suddenly before we could see her dead

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joseph Patterson

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

14. Maiden name Martha Pignmons

15. Birthplace Miller Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant R.S. Houser

(b) Address Camdenton, Mo.

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? _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3 31 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Miller Co. Missouri

18. (a) Signature of funeral director [Signature]

(b) Address Sikeston, Mo.

19. (a) 4-5-41 (Date received local registrar) (b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 4/3/41

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

RECEIVED

District Health Officer No. 21

District File Number 441-455

Date Filed 4/8/41

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 Harvey Johnson

Licensed Embalmer No. 3704

P. O. Address Sikeston, Mo.

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.