

FILED MAY 21 1941

to complete

15459

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
718 East 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 718 East 4th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 8, 1941
to Apr. 10, 1941
that I last saw alive on Apr. 7th
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Hypertension
Due to: _____

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature: [Signature] (M.D. or other) _____
Address: [Address] Date signed: 4-12-41

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased March 17, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Tell City Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Retire d

11. Industry or business _____

MOTHER FATHER { 12. Name Robt. L. Parker
13. Birthplace Monroe Co., Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Hissey
15. Birthplace Lebanon Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant R.F. Parker
(b) Address Kan. City, Mo.

17. (a) Burial (b) Date thereof April 12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home Sedalia
(b) Address _____

19. (a) 4/12/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-19-41

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 L. E. Boush

Licensed Embalmer No. 3867

P. O. Address Sealvia 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.