

FILED AUG 11 1941

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

24705

Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 275⁰¹⁵
 (b) Township Anglaize Primary Registration District No. 5170B⁰
 (c) City Stoutland (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 MARY MARGARET PARKER

(a) Residence, No. Stoutland Mo. 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) Widowed

5X. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1948

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
93 3 19

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County Mo

FATHER 13. NAME Henry Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Adaline Hillhouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs Belle Harper Stoutland MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillhouse Cemetery DATE June 10, 1941

19. FUNERAL DIRECTOR (ADDRESS) Wright Evans

20. FILED July 17, 1941 Mrs Mae Pool Mowry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 - 1941

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1941, to June 9 - 1941
 I last saw her alive on June 8 - 1941. Death is said to have occurred on the date stated above, at 2:10 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy May 10, 1941
93 W

Other contributory causes of importance: Arteriosclerosis about 10 years

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) Arvid G. Oliver, M.D.
 (Address) Richland, Mo.

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.

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1268

Date Filed 8-7-41

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)