

Registration District No. 1022

Primary Registration District No. 5940-5732

25-584

1. PLACE OF DEATH:

(a) County Maries
(b) City or town Hayden, Mo.
(c) Name of hospital or institution:

(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 Mo. (b) County Maries
(c) City or town Hayden, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21
year 1941 hour _____ minute 6 P. M.

21. I hereby certify that I attended the deceased from 7/17 1941, to 7/21 1941.
that I last saw her alive on 7-17- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death maternal dilatation

Due to complications of age

Due to _____

Other conditions 938
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

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

23. Signature W. J. Bridges (M. D. 1)
Address Dixon, Mo Date signed 7/22

3. (a) PRINT FULL NAME Mary Ann Parker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. C. Parker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 20, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Osage County, Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Williams

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

14. Maiden name Caroline McAfee

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

16. (a) Informant J. C. Parker

(b) Address Hayden, Mo.

17. (a) Burial (b) Date thereof 7/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenner Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) July 31, 1941 (b) _____
(Data received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

003

06-3
7

1

972

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.....

July 21, 1941

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred D. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.