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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36238**
Registrar's No. **9**

Registration District No. **793**

Primary Registration District No. **4474**

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

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Blackburn**
(If outside city or town limits, write "RURAL" and name of township)
(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.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Maggie Alice 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 **Widowed**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **April 10 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 3 hr. min.

9. Birthplace **Sweet Springs Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business.....

12. Name **Jim Guthrie**

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

14. Maiden name **Jane L. Waters**

15. Birthplace **Do not know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Adolph Parker**
(b) Address **Chicago Illinois**

17. (a) **Burial** (b) Date thereof **Oct. 18 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salt Pond Cem.**

18. (a) Signature of funeral director **W. Meinershagen**
(b) Address **Blackburn Mo.**

19. (a) **Oct. 18-1941** (b) **Matthi Wessler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Blackburn**
(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 **October 13** day
year **1941** hour **12.20** A.M. minute M.

21. I hereby certify that I attended the deceased from **May 1939** to **October 13, 1941**
that I last saw her alive on **October 12, '41**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis Duration **2 wks**

Due to **Hypertension, cerebral haemorrhage**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **None**
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 **D**

23. Signature **L. S. James M.D.** (M. D. or other)
Address **Blackburn Mo** Date signed **10-18-41**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-41

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 Roy F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Hippinville, Pa.

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.