

No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36304

Registration District No. 839.

Primary Registration District No. 4510.

Registrar's No. 28.

1. PLACE OF DEATH:

(a) County Stoddard, Mo.

(b) City or town Essex, Mo.
(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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lavinia Parker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 3 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Danville, Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Smith

13. Birthplace Terre Haute, Ind
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Barr

15. Birthplace Evansville, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Payne

(b) Address Essex, Mo.

17. (a) Burial (b) Date thereof 9-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter

18. (a) Signature of funeral director Walter Payne

(b) Address Dexter, Mo.

19. (a) 9-25-41 (b) Dr. J. P. Brandon
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

(c) City or town Essex
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1941 hour 5 minute 45 a.m.

21. I hereby certify that I attended the deceased from Aug 15 - 1941 to Sept 23 - 1941
that I last saw her alive on Aug 15 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of

Due to Stomach

Due to _____

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

Major findings: Of operations H&P

Of autopsy _____

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 0

23. Signature Dr. J. P. Brandon (M. D. or other) _____
Address Essex, Mo. Date signed 9-27-41

Duration 1 hr

Physician 1 yr

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

3
6
0

RECEIVED

District Health Office No 2,

District File Number 1141-1585

Date Filed 11/24/41

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.....

B. J. Brentlinger

Licensed Embalmer No.....

4261

P. O. Address.....

Dykes, Inc

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, above space should be left blank.