

Registration District No. 181941

Primary Registration District No. 3007

Registrar's No. 448

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
618 N. "E" street  
 (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 Oliver A. PARKER  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Mary Parker  
 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased Feb. 19, 1911  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Vienna, W. Va.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Carpenter  
 11. Industry or business \_\_\_\_\_  
 12. Name Talbert Parker  
 13. Birthplace Mississippi  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Don't know  
 15. Birthplace Don't know  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Oliver Parker  
 (b) Address OHARMA, Ill.  
 17. (a) ~~DATE~~ Removal (b) Date thereof Nov 13, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Hitts Cemetery  
 18. (a) Signature of funeral director J. H. Juby  
 (b) Address Carrington, Ark.  
 19. (a) 11-20-41 (b) Belle Russo  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler  
 (c) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 618 N. "E" street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12  
 year 1941 hour 7 A.M. minute 5 M.  
 21. I hereby certify that I attended the deceased from  
Nov. 8, 1941, to Nov. 12, 1941,  
 that I last saw him alive on Nov. 8, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral aneurysm</u>	<u>4 days</u>
Due to <u>hypertension of</u>	<u>Indefinite</u>
Due to _____	_____
Other conditions (include pregnancy within 3 months of death)	_____
Major findings: Of operations	_____
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 \_\_\_\_\_  
 23. Signature J. H. Juby (M. D. or other) \_\_\_\_\_  
 Address Poplar Bluff, Mo. Date signed 11-17-41

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 Office, No. .

District File Number 1241-161

Date Filed 12/5/71

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**