

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

3267

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 4

1. PLACE OF DEATH:

(a) County PATRAN
(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRINT FULL NAME THOMAS MARLOW PARKER

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased: FEB 26 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 15 If less than one day _____

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name JERRY MARLOW PARKER

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

14. Maiden name JULIA M. STEART

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

16. (a) Informant's own signature Ruth E. Parker

(b) Address UNIONVILLE, MO

17. (a) BURIAL (b) Date thereof Jan 13 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo.

18. (a) Signature of funeral director J. O. Dusted

(b) Address Unionville, Mo.

19. (a) Jan 13 1942 (b) G. B. Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putnam
(c) City or town Unionville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 13
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from JAN - 2, 1942 to JAN 11, 1942
that I last saw him alive on JAN - 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage with paralysis.

Due to _____

Due to _____

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

Major findings: Of operations 830

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. N. MARTIN (M. D. or other) _____

Address Unionville, Mo. Date signed 1/13/42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 10

District File Number 2-42-281

Date Filed FEB 19 1942

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..... Muriel E. Husted

Licensed Embalmer No. 3204

P. O. Address Unionville 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, above space should be left blank.