S. No. 2
M—5-42
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6957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 25 1943

Registration District No. 200 — Primary Registration District No. 3041 — Registrar's No. 14

61
3
2

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon
(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) /

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Macon 61 3
(c) City or town: Macon 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME: Thomas C. Parker

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-2395

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs Willie Parker

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: March (Month) 1st (Day) 1886 (Year)

8. AGE: Years 57 Months 11 Days 13 If less than one day hr. min.

9. Birthplace: Shelby Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Hotel Clerk

11. Industry or business

MOTHER FATHER

12. Name: Erasmus Parker

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

14. Maiden name: Charlotte Hightower

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

16. (a) Informant: Mrs T. C. Parker
(b) Address: Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Dale

18. (a) Signature of funeral director: Stephens & Goodding
(b) Address: Macon, Mo.

19. (a) 2/23/43 (Date received local registrar) (b) Jora B. Hunckler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 6th 1943 to Feb 13th 1943 that I last saw him alive on Feb 12th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Epileptic seizure	4 hrs.
Due to Poor physical condition extreme acidosis	
Due to Prostatic cystitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature: Dr Lloyd Carroll (M. D. or other) M.D.
Address: Macon, Mo. Date signed Feb 19 1943

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

1037

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1945

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.