

No. 2  
A-2-43  
5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42485

FILED JAN 10 1944

Registration District No. 137

Primary Registration District No. 5510

State File No. \_\_\_\_\_

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Osborne Fair View Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2 Mi S of Depuewater  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) County Henry State Missouri

(b) City or town Osborne Fair View Twp  
(If outside city or town limits, write "RURAL")

(c) Street No. 2 Mi S of Depuewater  
(If rural, give location)

(d) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ada Pearl Parkey

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1943 hour 6 minute 00A. M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Harvey A Parkey

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: (Month) 2 (Day) 3 (Year) 1879

21. I hereby certify that I attended the deceased from 12-8-43 to 12-9-43 that I last saw her alive on 12-8-43 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Osborne Co Ill  
(City, town, or county) (State or foreign country)

Immediate cause of death Cerebral Apoplexy

Due to Hypertension

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mathew Sullivan

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

14. Maiden name Emma Lindsey

15. Birthplace Osborne Co Ill  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Harvey Parkey

(b) Address Depuewater Mo

17. (a) Osborne (b) Date thereof 12 11 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Depuewater, Ill

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Dec 13 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Dr. C.R. Prosser (M. D. or other) 10

Address Depuewater Mo Date signed 12-11-43

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

1069 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 7,

District No. 12-43-1448

Date Filed 1-6-44

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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. 2478

P. O. Address Clinton 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.**