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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3238

State File No.

FILED FEB 11 1944

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 304 North Ball (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6 (If outside city or town limits, write "RURAL") 2

(d) Street No. 304 N Ball (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME EMMA PARKIN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 19 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	5	hr. min.

9. Birthplace Palmer (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William White
13. Birthplace no data (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Rogene Wright
15. Birthplace No data (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jas. Mrs. M Haigley

(b) Address Webb City, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/27/44 (Month) (Day) (Year)

(c) Place: burial or cremation Lost Creek Cemetery

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Mo

19. (a) Jan. 26 1944 (Date received local registrar) (b) Mrs Lillie Eagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1944 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from Jan 6, 1944 to Jan 24, 1944 that I last saw her alive on Jan 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Due to

Other conditions Toxic thyroid (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 P M Stormont (M. D. ~~or other~~)

Address Webb City, Mo Date signed 1/26/44

(Licensed Embalmer's Statement on Reverse Side)

44-1-113

Stormont

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. 2859

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, fact should be so stated above.