No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4673

State File No.

FILED FEB 10 1944

Registration District No. 341 Primary Registration District No. 6152a Registrar's No. 9

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural, ~~Dexter, Mo.~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ---- Liberty Inc
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County 997

(c) City or town Jackson 20
(If outside city or town limits, write "RURAL")

(d) Street No. 1045 Bellhaven St. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME George Phillip Parker

3. (b) If veteran, name war

3. (c) Social Security No. 428-18-1418

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased October (Month) 25 (Day) 1924 (Year)

8. AGE: Years 19 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Jackson (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Col. George Parker
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Headquarters, MAAF, Malden, Mo.
(b) Address MAAF, Malden, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan (Month) 22 (Day) 44 (Year)
(c) Place: burial or cremation Jackson, Miss.

18. (a) Signature of funeral director Hay Funeral Home
(b) Address Malden Missouri

19. (a) 1-26-44 (Date received local registrar) (b) Nora Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1944 hour 10:40 AM minute -- M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Destruction of vital centers

Due to Airplane Accident.

Due to

Other conditions
(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.

173-8
34

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 103

(b) Date of occurrence 21 January 1944

(c) Where did injury occur? 32 mi. So. W. Dexter, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Country (Specify type of place)
While at work? Yes (e) Means of injury --

23. Signature C. Mallory Hairwell Jr. (M. D. or other) MD
Address MAAF, Malden, Missouri Date signed 1/21/44

1154

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 244-287
Date Filed 2-7-44

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 J. D. Schaeuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.