

RECEIVED FEB 9 1944

Registration District No. 236

Primary Registration District No. 6209

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town RURAL PINEY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
TEXAS CO. HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS
(c) City or town RURAL 117
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MI. S. HOUSTON
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME HARRY L. PARKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife ADELIA PARKER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 9, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace DEWITT MO. A
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name _____ 13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____ 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) BURIAL (b) Date thereof 1/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CRADDOCK

18. (a) Signature of funeral director Gaylord U. Elliott

(b) Address HOUSTON, MO.

19. (a) 1/25/44 (b) Mrs. Ella Deuff
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15
1944 year 3 hour _____ minute 2M.

21. I hereby certify that I attended the deceased from October, 1943, to Jan. 15, 1944
that I last saw him alive on Jan. 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 3 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 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? _____

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

23. Signature Chas R. O'Neil MD (M. D. or other) _____
Address Houston, Mo. Date signed 1/17/44

RECEIVED

District Health Officer No. 5,

District File Number

24496

Date Filed

9. 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

Frank E. Wood

Licensed Embalmer No.

4026

P. O. Address

Houston, Tex

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Priney Inst
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital, or institution:
Co. 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 _____
years, months or days

3. (a) PRINT FULL NAME

Harry L. Parker

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

4. Sex m 5. Color or race w 6. (a) ~~Single, married, divorced, widowed~~
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ year

7. Birth date of deceased: July (Month) 7 (Day) 1944 (Year)

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Sunk

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

14. Maiden name sunk

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

16. (a) Informant Social Security Office

(b) Address Horston Mo

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

(c) Place: burial or cremation Woodcock Tenn

18. (a) Signature of funeral director H. L. Elliott

(b) Address Horston Mo

19. (a) 1-23-44 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 15 Year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____
Due to _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

4717