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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17737

FILED MAY 31 1944

State File No. _____

Registration District No. 57

Primary Registration District No. 5228

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill (Rural)
(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 Missouri (b) County Cass

(c) City or town Pleasant Hill (Rural)
(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 _____

3. (a) PRINT FULL NAME Silas Corbin Parker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1944 hour 8:40 AM 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.

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marj Parker 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug - 25 - 1883
(Month) (Day) (Year)

Immediate cause of death Due to collision of this car on Highway no 7 over half way between Harrisonville & Pleasant Hill
Due to Harrisonville & Pleasant Hill
Due to Crushed chest
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 8 Days 25 hr. _____ min. _____
If less than one day

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

10. Usual occupation Rt. D. Carrier

11. Industry or business _____

MOTHER FATHER

12. Name Wm Barton Parker

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

14. Maiden name Delta Corbin

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

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Silas Parker

(b) Address Pleasant Hill, Mo

17. (a) Burial (b) Date thereof 5/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo

18. (a) Signature of funeral director D. D. Noflinger

(b) Address Pleasant Hill, Mo

19. (a) 5/20/44 (b) Margaret Holl
(Date received local registrar) (Name of informant)

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

(a) Accident, suicide, or homicide (specify) Accident of 19

(b) Date of occurrence May 20 1944

(c) Where did injury occur On Highway no 7
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
On Highway no 7 between Harrisonville & Pleasant Hill
(Specify type of place)

While at work? _____ (e) Means of injury Harrisonville

23. Signature E. M. Griffith (St. D. occasion)
Address Harrisonville Date signed 5/20/44

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

19
00

1047

(Licensed Embalmer's Statement on Reverse Side)

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..... *D. N. Feinger*.....

Licensed Embalmer No. *3988*

P. O. Address *Pleasant Hill*

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.