

FILED JUL 2 1946

Registration District No. 8

Primary Registration District No. 4021

Registrar's No. 35

1. PLACE OF DEATH:

(a) County RUDRAIN
(b) City or town LADDONIA-MO.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN-CORNELIUS-PARKER

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

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

6. (b) Name of husband or wife AMY PARKER 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased JAN 1 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 27 hr. min.

9. Birthplace RUDRAIN CO, MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business FARM.

12. Name I. T. J. PARKER.

13. Birthplace LADDONIA MO. U
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA-TURNER.

15. Birthplace MONTGOMERY, MO. U
(City, town, or county) (State or foreign country)

16. (a) Informant Lead Parker.

(b) Address LADDONIA-MO.

17. (a) REMOVAL (b) Date thereof JUNE 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRESNO CALIFORNIA.

18. (a) Signature of funeral director Clayton Dickey

(b) Address LADDONIA, MO

19. (a) June 26-46 (b) Martha Kenner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State CALIFORNIA (b) County 999
(c) City or town FRESNO 4
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27
year 1946 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from June 26 1946 to June 27 1946
that I last saw him alive on June 27 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 3 hrs
Duration

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy..... g48

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature W. B. McCall (M. D. or other)
Address LADDONIA-MO Date signed 7/26/46

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

MOTHER FATHER

4
0
0

18281

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: Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.