. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27488

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 24th St and Iron Gates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Rt 4 — 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Thomas Jefferson Parker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Georgia Mae
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June (Month) 3 (Day) 1892 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 1 | 12 | hr. min. |

9. Birthplace Newton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter and Painter
11. Industry or business
FATHER
12. Name John Parker
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Gardelia Jones
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Georgia Parker
(b) Address Rt 4 - Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial
18. (a) Signature of funeral director Lowhill Hilton
(b) Address Joplin Mo
19. (a) 7-17-46 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1946 hour 8 minute 15a M.
21. I hereby certify that I attended the deceased from July 1 46, 19, to July 15, 1946; that I last saw him alive on July 15, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Lung Hemmorage
Due to T.B. Abscess
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.

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 25
23. Signature Dr E W Weyzandt (M.D. or other)
Address 719 Frisco Joplin Date signed 7/16/46

(Licensed Embalmer's Statement on Reverse Side)

46-7-657

## 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 Cecil A. Lornhill

Licensed Embalmer No. 3590

P. O. Address Joplin - 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.**