

No. 2
12-45
17-39
X47070

FILED APR 21 1947

Registration District No. **383**

Primary Registration District No. **5655**

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 675 days
In this community 675 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Levi Franklin Parker

3. (b) If veteran, name war no 3. (c) Social Security No. None

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

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

7. Birth date of deceased July 9 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 8 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Charles Thomas Parker

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

14. Maiden name Martha Ann Robinson

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) Burial (b) Date thereof Apr 1st 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Null & Sons

(b) Address Rolla, Mo.

19. (a) 4-2-47 (b) Ch. Hubbert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1947 hour 12:50 minute A M.

21. I hereby certify that I attended the deceased from June 3, 1945 to March 30, 1947
that I last saw him alive on March 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced pulmonary tuberculosis Duration 17 years

Due to _____
Due to _____

Other conditions Tbc. Enteritis. Tbc. Laryngitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 13B

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 R. W. Dickman (M. D. or other) 0
Address Rolla, Mo. Date signed March 30 1947

RECEIVED

District Health Officer No. 8,

District File Number 447-436

Date Filed APR 16 1947

APR 22 1947

MAY 6 1947

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.....

By me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Max J. Fossett

Licensed Embalmer No. 4252

P. O. Address M. Vernon, 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.