S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37334

Registration District No. FILED DEC 2 1947 Primary Registration District No. 3010 Registrar's No. 358

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeu (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1800 Block of Bloomfield 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community All of life years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau 1 (If outside city or town limits, write "RURAL")
(d) Street No. 1835 Herman Street 4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Howard Lee Parker

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

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased February 18, 1940 (Month) (Day) (Year)

8. AGE: Years 7 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Cape Girardeau, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation In School

11. Industry or business

FATHER
12. Name Harold Parker
13. Birthplace Cape Girardeau, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucille Pape
15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Harold Parker
(b) Address 1835 Herman Cape Gir. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.

19. (a) 11-24-1947 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 1/11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th year 1947 hour 10 minute 30 P. 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.

Immediate cause of death Basal Fracture of the skull

Due to being struck by an automobile. A 1940-2-door special De Luxe

Due to Sedan Chevrolet as he attempted to cross Bloomfield road.

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.

1760-8 21

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

(a) Accident, suicide, or homicide (specify) Accident 115
(b) Date of occurrence Nov. 8, 1947
(c) Where did injury occur? Cape Girardeau (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Bloomfield Road - near Koch Ave. (Specify type of place)
While at work? No (e) Means of injury Automobile

23. Signature Dr. J. F. Sigmund (M. D. or other) Coroner 2
Address Jackson, Mo. Date signed 11/13/47

(Licensed Embalmer's Statement on Reverse Side)

Area Officer No. 4

File Number 1247-1493

Date Filed 12-1-42

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau 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.