. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43849

FILED DEC 22 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2223

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home & Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural route 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susan Alice Parker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joel Parker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 18 (Day) 1866 (Year)

8. AGE: Years 80 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Osage County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name William T. Nunley
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Sarah Phelps
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Earl Parker
(b) Address Rolla, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 12-6-47 (Date received local registrar) (b) Cecilia J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to Dec 4, 1947; that I last saw her alive on Dec 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Shock following acute hemorrhage, probably from
Due to an oesophageal ~~hemor~~ varices - 4 hemorrhages in 1 hr.
Due to Death 6 hrs later
Senility, gen'l arteriosclerosis
Other conditions and varicose ulcer of leg.
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

97

PHYSICIAN
Underline the cause of 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

23. Signature Ott Denny (M. D. or other) MD
Address Creve Coeur, Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 23 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..... Registered Apprentice No..... working under my personal supervision.

Signed John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address St Louis 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.