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

FILED SEP 21 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29098

Primary Registration District No. 3010

Registrar's No. 281

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(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)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: New Madrid
(c) City or town: Portageville
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Billy Gene Parter
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: M
5. Color or race: Black
6. (a) Single, widowed, married, divorced: U
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Aug (Month) 18 (Day) 1948 (Year)

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

9. Birthplace: Portageville (City, town, or county) Mo U (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:

MOTHER FATHER
12. Name: Elzie Parter
13. Birthplace: (City, town, or county) Tenn. (State or foreign country)
14. Maiden name: Allen Young
15. Birthplace: (City, town, or county) Miss. (State or foreign country)

16. (a) Informant: Elzie Parter
(b) Address: Portageville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville, Mo
18. (a) Signature of funeral director: Friends
(b) Address: Portageville, Mo
19. (a) 9-16-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 14 year: 1948 hour: 11 minute: 20 A.M.

21. I hereby certify that I attended the deceased from 12 Sept, 1948 to 14 Sept, 1948 that I last saw him alive on 14 Sept 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intracranial Hemorrhage	4 days
Due to: unknown cause.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 160A	

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) U
While at work? (e) Means of injury:

23. Signature: J A Kinder (M. D. or other) MD
Address: Cape Girardeau, Mo. Date signed: 16 Sept 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1189

Date Filed 9-20-48

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.