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

FILED DEC 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37440

Registration District No. 28-232 Primary Registration District No. 5812 Registrar's No.

1. PLACE OF DEATH:
(a) County: Montgomery
(b) City or town: Middletown, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) ~~Name of hospital or institution~~: Rural - Prairie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Montgomery
(c) City or town: Middletown, Rural
(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: Nettie May Parkey
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Willie A. Parkey
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: October (Month) 28 (Day) 1886 (Year)

8. AGE: Years 61 Months 11 Days 9 If less than one day hr. min.

9. Birthplace: Middletown (City, town, or county), Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ✓

MOTHER FATHER
12. Name: Charles Crouch
13. Birthplace: Middletown (City, town, or county), Mo (State or foreign country)
14. Maiden name: Flora Christ
15. Birthplace: Georgetown (City, town, or county), Ohio (State or foreign country)

16. (a) Informant: Nettie Johnson
(b) Address: Middletown, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Middletown, Mo
18. (a) Signature of funeral director: Butler & Pritchard
(b) Address: Middletown, Mo
19. (a) 10-8-1948 (Date received local registrar) (b) Z. V. F. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from September 15, 1948 to Oct 7, 1948 that I last saw her alive on Oct 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Cervix

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 46 E

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? Means of injury:

23. Signature: A. Hirsch (M. D. ~~or other~~)
Address: Middletown, Mo Date signed: 10-8-48

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1948

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 W. Butler

Licensed Embalmer No. 4477

P. O. Address Bowling Green 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.