

No. 2  
1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 10 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8164

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 103

1. PLACE OF DEATH

(a) County St Francois Co.

(b) City or town Esther mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Esther mo  
(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 Mary Magdalena Parkin

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 44  
year 1944 hour 8:30 minute PM

21. I hereby certify that I attended the deceased from Feb 17  
1944, to Feb 25 1944  
that I last saw h. alive on Feb 25 1944  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased March 18 1865  
(Month) (Day) (Year)

Immediate cause of death Gangrene Rt leg Duration 7 days

8. AGE: Years 78 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Randall Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Other conditions myocarditis 2-3 months  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name William Brown

13. Birthplace Randall Co Mo. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Middleton

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

Major findings: wholage

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Parkin

(b) Address Esther mo

17. (a) Burial (b) Date thereof 2/27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

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 L

18. (a) Signature of funeral director Sparks Wood Co

(b) Address Flat River Mo

19. (a) Feb 29-1944 Sydney Duhmester  
(Date received local registrar) (Registrar's signature)

23. Signature J W Zuppan (M.D. or other) DO

Address Flat River Mo Date signed 2/26/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 344-3479  
3-7-44

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.....

.....  
working under my personal supervision.

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

Signed Everett Sparr

Licensed Embalmer No. 15787

P. O. Address Fletcher, 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.