

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

15172  
Do not use this space.

REC'D MAY 17 1938

**1. PLACE OF DEATH**

(a) County Livingston Registration District No. 508  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3026 Registered No. 230  
 (c) City Chillicothe (d) Street No. 1224 South Street St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Malissa Jane Parks**

(a) Residence, No. 1224 South St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 1, 1874

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
64      0      0

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.** At Home  
**9. Industry or business in which work was done, as saw mill, bank, etc.**  
**10. Date deceased last worked at this occupation (month and year)** **11. Total time (years) spent in this occupation**

**FATHER**  
**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Gentry County Missouri  
**13. NAME** Albert Parks  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Kentucky

**MOTHER**  
**15. MAIDEN NAME** Mary E. Parks  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Kentucky

**17. INFORMANT** M. C. Parks  
 (ADDRESS) Chillicothe, Missouri

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Edgewood DATE 1938

**19. FUNERAL DIRECTOR** F. B. Norman  
 (ADDRESS) Chillicothe, Missouri

**20. FILED** 5-2 1938 Donald M. Howell, M.D.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 1, 1938

**22. I HEREBY CERTIFY, That I attended deceased from** Jan 1938 to May 1938  
 I last saw her alive on April 30, 1938. Death is said to have occurred on the date stated above, at 7 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of uterus 1937  
45

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Smear Was there an autopsy? no

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

**24. Was disease or injury in any way related to occupation of deceased?** no  
 If so, specify.....  
 (Signed) A. Palmer M. D.  
 (Address) Chillicothe Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, F. B. Nerman, Licensed Embalmer No. 1404

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. R. Norman

L. E.

No. 2374 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*F. B. Nerman*

Licensed Embalmer No. 1404

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15-172  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lumpkin Registration District No. 308  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3026 Registered No. \_\_\_\_\_  
 (c) City Chillicothe (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Malissa Jane Parks  
 (a) Residence, No. \_\_\_\_\_ St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 0 0

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER  
 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Edgewood DATE May 4, 1988

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED 5/2 1988 Donald M. Powell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1988

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. Collier, M. D.  
 (Address) Chillicothe, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

