

REC'D JUN 24 1938

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

17644
Do not use this space.

1. PLACE OF DEATH *BATES*
 (a) County *BATES* Registration District No. *186*
 (b) Township *CHARLOTTE* Primary Registration District No. *5078*
 (c) City (d) Street No. Registered No. *2*
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME *Floyd Park* *620*
 (a) Residence, No. 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 22, 1881</i>				
7. AGE	YEARS <i>56</i>	MONTHS <i>5</i>	DAYS <i>4</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>Farmer</i>			
	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) <i>Kansas city Mo</i>			
	13. NAME <i>Stephen W Park</i>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Estel Co Ky</i>			
	15. MAIDEN NAME <i>Matilda Brunfield</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Clay Co Mo</i>				
17. INFORMANT (ADDRESS) <i>William J. Park 4204 Woodland Re, Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Reamery MS</i> DATE <i>May 28, 1938</i>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Mrs Forester Funeral Home Kansas city Mo</i>				
20. FILED <i>May 27, 1938</i> <i>C. A. Lusk</i> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>May 26, 1938</i>	
22. I HEREBY CERTIFY, That I attended deceased from, 19....., 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: <i>Carbon Monoxide Gas Poisoning - (Rubber tube attached to exhaust of car and then motor started + car closed with motor running)</i> Date of onset Other contributory causes of importance: <i>164</i> Name of operation Date of What test confirmed diagnosis? Was there an autopsy? <i>no</i>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide <i>suicide</i> Date of injury <i>5/26, 1938</i> Where did injury occur? <i>Butler, Bates Co, Mo</i> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <i>In Home</i> Manner of injury <i>regulation carbon monoxide</i> Nature of injury <i>Gas from his car</i>	
24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify <i>related with</i> (Signed) <i>Richard Smith</i> , M. D. (Address) <i>Rich Hill, Mo</i> <i>Coronr, Bates Co, Mo</i>	

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,

Henry G. Newell

or by

Registered Apprentice No., working under my personal supervision.

Signed

Henry G. Newell

Licensed Embalmer No.

3111

P. O. Address

Butler

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Bates Registration District No. 186
 (b) Township Charlottesville Primary Registration District No. 5078 Registered No. 2
 (c) City (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

(a) Residence, No. Floyd Paris 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS 36 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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 DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... 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:
Carbon monoxide Gas
Prisoners - (Rubber tank attached to Throat of J. Car and then tank started + car closed with motor running)
 Date of onset

Other contributory causes of importance: 164

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 suicide Date of injury 3/26, 1938
 Where did injury occur Public Ho. R. R. Charlottesville Ind. Mo. Co. Mo. St. A.
 Specify whether injury occurred in industry, in home, or in public place In home
 Manner of injury Inhalation Carbon monoxide
 Nature of injury Gas from his car

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Ballen H. Smith, M. D.
 (Address) Rich Hill
Coroner Bates County

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938
S-17644