

DEC AUG 12 1938

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

23684

Do not use this space.

6378

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 1795  
(b) Township ..... Primary Registration District No. 1005  
(c) City ..... (d) Street No. Firmin Desloge Hospital 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

(a) Residence, No. Clyde Parks, (Clyde Parks) St. KR K Kansas City Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 5 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as saw mill, bank, etc. Advertising  
10. Date deceased last worked at this occupation (month and year) 1-1-38  
11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Market Iowa

13. NAME John Parks  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor County Iowa

15. MAIDEN NAME Martha Simon  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylor County Iowa

17. INFORMANT Clyde Parks Jr.,  
(ADDRESS) Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 7-18-38

19. FUNERAL DIRECTOR (NAME) Steinbrinker Und. Co.,  
(ADDRESS) St. Charles Mo.

20. JUL 16 1938 19 J. F. Bredich Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4/17, 1938, to 7/16, 1938

I last saw him alive on 7/15, 1938. Death is said

to have occurred on the date stated above, at 12:30 A.M.

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

Aneurysm of Aorta  
Date of onset about Oct. 1937

Other contributory causes of importance: Secondary Hemorrhage 7/15/38

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) J. F. Bredich, M. D.

(Address) 1462 No. Taylor

**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, 3225

Alan J. Neely

or by me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Alan J. Neely

Licensed Embalmer No. \_\_\_\_\_

3225

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, above space should be left blank.**