

NOV 22 1938

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

**36014**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 417  
 (b) Township          Primary Registration District No. 302A Registered No. 71  
 (c) City Shell City (d) Street No. 1321 CROW.          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 1 yrs. 2 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1321 West Oak 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Parkin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1865  
 7. AGE YEARS 73 MONTHS 5 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) Shirley (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Parkin 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)         

MOTHER 15. MAIDEN NAME Eliza Stewart 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)         

17. INFORMANT Widow Emma Parkin (ADDRESS) Shell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Creek Cemetery DATE October 9 1938

19. FUNERAL DIRECTOR (NAME) Hedge Nelson (ADDRESS) Shell City, Mo.

20. FILED OCT. 8. 38 A. R. D. W. M. D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1938, to Oct 7 1938, 1938  
 I last saw him alive on Oct 7 1938. Death is said to have occurred on the date stated above, at 6:00 m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
 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) C. F. Gresson M. D.

(Address) Wickliffe, Mo. 3

RECEIVED

District Health Officer No. 6,  
District File Number 6-38-447  
Date Filed 11/4/38

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,

*W. H. Hedge*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*W. H. Hedge*

Licensed Embalmer No. 2859

P. O. Address

*Webb City, 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, above space should be left blank.