

REC'D JUN 19 1939

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

20082
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 896
(b) Township Ozark Primary Registration District No. 6198
(c) City (d) Street No. Registered No. 15
(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 70 yrs. 5 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Samuel Tilton Parks
(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 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 Anna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1871
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 | 1 | 8
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as saw mill, bank, etc. Homes
10. Date deceased last worked at this occupation (month and year) April 2, 1939 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.
FATHER 13. NAME Henry Parks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
MOTHER 15. MAIDEN NAME Fannie Cruise
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.
17. INFORMANT (ADDRESS) Mrs. Anna Parks
Marshfield, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield, Mo. DATE April 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey
Marshfield, Missouri
20. FILED May 31, 1939 Elizabeth Ruffin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939, to April 23, 1939
I last saw h. i. m. alive on April 23, 1939. Death is said to have occurred on the date stated above, at 12:45 pm.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage - due to Spontaneous Rupture of Cerebral Blood Vessel - Natural Causes.
Date of onset 3/21/39
Other contributory causes of importance: Vascular Hypertension Unknown
Name of operation No Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following: No
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 CP Macdonnell, M.D. M. D.
(Signed) CP Macdonnell, M.D. (Address) Marshfield, 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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6.

District File Number 6-639-1308

Date Filed JUN 13 1939

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 X

....., Registered Apprentice No.

working under my personal supervision.

Signed

Tex Finney
.....
Licensed Embalmer No. 3312

P. O. Address Marshfield, Missa

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.