

REC'D AUG 7 1939

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

24486
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 359
 (b) Township St. Joseph Primary Registration District No. 1007 Registered No. 2699
 (c) City St. Joseph or Harmon City (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, give its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 620 Andrew D. Parks St. (If nonresident, give city or town and State)
1876 Agnes (Usual place of abode, no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1882

7. AGE YEARS 56 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. License collector
 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) Cleveland Ohio

FATHER 13. NAME Joseph Parks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Josephine McTigard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio

17. INFORMANT (ADDRESS) Joseph T. Parks
1876 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7/6/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. O'Donnell
3736 Broadway

20. FILED July 5 1939 M. M. Crane Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1939

22. I HEREBY CERTIFY That I attended deceased from July 3 1939 to July 4 1939
 I last saw him alive on July 4 1939 Death is said to have occurred on the date stated above, at 11:36 am
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage with paralysis of both upper extremities - slower extremely paralyzed
 Date of onset

Other contributory causes of importance: None

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? no Date of injury
 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) Dr. De Maria, M. D.
 (Address) 406 Waldheim Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X1663

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

Signed.....

Licensed Embalmer No.....

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.