

STANDARD STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 605Primary Registration District No. 1359

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County New Madrid Co. Mo.
 (b) City or town Parma, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 7
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 710 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Stanley Pearson Parks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased Mar 12 - 40
(Month) (Day) (Year)8. AGE: Years _____ Months 3 Days _____ If less than one day
hr. _____ min. _____9. Birthplace Parma, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Les Parks

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Leslie Pearson

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Les Parks(b) Address Parma, Mo.17. (a) Burial (b) Date thereof Mar 16/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Malden

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3/15/40 (b) Dr. Geo. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County New Madrid
 (c) City or town Parma, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15
year 1940 hour noon minute _____ M.21. I hereby certify that I attended the deceased from Mar 12, 1940, to Mar 15, 1940,
that I last saw him alive on Mar 12, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Fracture of Valvula foraminis
Proles to property close
Due to _____Due to _____
Other conditions (Include pregnancy within 3 months of death) 157CMajor findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Geo. Smith (M. D. or other) _____
Address Parma Date signed 3/15/40

RECEIVED

District Health Officer No. 2

District File No. 440-950

Date filed 4/15/40

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.