S. No. 2
—11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23065

Registration District No. JUL 15 1940

Primary Registration District No. 6162

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44+ years (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. State Hosp #3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME LUTHER PARK 620

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 DK

6. (b) Name of husband or wife DK

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 4 (Day) 1855 (Year)

8. AGE: Years 85 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Bates Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation unknown 0

11. Industry or business — 0

FATHER
12. Name unknown
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Hosp Records
(b) Address State Hosp #3

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/11/40 (Month) (Day) (Year)
(c) Place: burial or cremation Hosp. Cem.

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada Mo.

19. (a) 5/11/40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 1:45 minute a M.

21. I hereby certify that I attended the deceased from Jan 1 1940, to 5-11, 1940 that I last saw him alive on 5/10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocardial Dr. generation	DK
Due to	
93 C	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major 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?
795 (Specify type of place)
While at work? (e) Means of injury

23. Signature J A Hopkins (M. D. ~~or other~~)
Address Nevada Mo Date signed 5/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1,
District File Number 6-40-944
Date Filed 6-24-48

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 Mark Eichinger

Licensed Embalmer No. 2686

P. O. Address Nevada, 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.