

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County HENRY CLINTON

(b) City or town _____
(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)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community LIFE
years, months or days

8. (a) PRINT FULL NAME Thomas Benton Parks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie L Parks

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: April 10 - 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 14 If less than one day _____
hr. _____ min.

9. Birthplace: Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation County Surveyor & High way Engineer

11. Industry or business _____

12. Name Bird D Parks

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lee

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

16. (a) Informant Albert Dunning

(b) Address Deepwater Mo

17. (a) Burial (b) Date thereof 7-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Clinton Mo

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 7-27-40 (b) Dr J. H. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

(d) Street No. 301 Nth North Washington
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-16-40
_____ 19____ to 7-24 1940
that I last saw him alive on 7-24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 1 day

Due to Chr. myocarditis 4 mo.

Due to _____

Other conditions _____

(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? 319
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward D. Neville (M. D. or other) _____
Address Clinton, Mo. Date signed 7-27-40

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

2
4
2

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, Ma

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.