

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11528

State File No.

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 36

1. PLACE OF DEATH

(a) County nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1122 East Edwards
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr. years, months or days

3. (a) PRINT FULL NAME SAMUEL BOWMAN PARKS

3. (b) If veteran, name war no. 3. (c) Social Security No. none

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

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

7. Birth date of deceased Jan 30 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 20 If less than one day hr. _____ min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas H. Parks

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

14. Maiden name Mary Jane Bowman

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

16. (a) Informant Mrs. Anna C. Crimichael
(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Mar. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation workman Chapel

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.

19. (a) 3-19-41 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 1122 E. Edwards St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Occlusion

Due to Arteriosclerosis - Generalized

Senility, Ch. Myocarditis

Due to _____

Other conditions Influenza
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Coronary Occlusion

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? 506

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

23. Signature W. R. Jackson (M. D. or other) MD
Address Maryville, Mo. Date signed 3-14-41

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 _____

John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville 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.