

DEC 23 1941 735

Registration District No. \_\_\_\_\_

Primary Registration District No. 3034

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Randolph.  
(b) City or town Moberly, Missouri.  
(c) Name of hospital or institution: Woodland Hospital.  
(d) Length of stay: In hospital or institution 7 Days.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.  
(c) City or town Perry, Mo. R.F.D. (Rural)  
(d) Street No. Perry, Missouri R.F.D.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME John F. Parks.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Myrtle Parks. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August, 29, 1879.  
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Indiana!  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

12. Name Ellis Parks

13. Birthplace Unknown Indiana!  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Parks.

15. Birthplace Unknown Indiana!  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Parks.

(b) Address Perry, Missouri.

17. (a) Removal (b) Date thereof 11-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Prarie.

18. (a) Signature of funeral director Clyde Wilcox

(b) Address Perry, Missouri.

19. (a) Nov 10-41 (b) Seal Sullivan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th  
year 1941 hour 5:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 11, 1941, to Nov 10, 1941;  
that I last saw h. im alive on Nov 10, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myxo & arthritis - arterio-sclerosis & nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13/0

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John H. Wilcox (M. D. XXXX)

Address Moberly, Missouri. Date signed 11-10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2218

Date Filed DEC 16 1941

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

Clyde Wilbey

Registered Apprentice No.

working under my personal supervision.

Signed

Clyde Wilbey

Licensed Embalmer No.

3820

P. O. Address

Ferry 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.