

FILED MAR 16 1942

Registration District No. 461

Primary Registration District No. 3024

State File No.

Registrar's No. 15

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution: N. 16th St.
(d) Length of stay: In hospital or institution... Life
In this community... Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Lexington
(d) Street No. N. 16th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME George A Parks

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, or widowed Married
6. (b) Name of husband or wife Emma Kneller 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Mar. 28 1862

8. AGE: Years 79 Months 10 Days 25 If less than one day hr. min.

9. Birthplace Lexington Ohio

10. Usual occupation Laborer

11. Industry or business

12. Name Wm Parks
13. Birthplace not knowing
14. Maiden name Emily Foster
15. Birthplace N. Carolina

16. (a) Informant Mrs. Emma Parks
(b) Address Lexington Mo

17. (a) Burial (b) Date thereof 2-25-42
(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Winkler
(b) Address Lexington Mo

19. (a) 3/4/42 (b) Mrs. Fred Schurb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb. 10 1942 to Feb. 23 1942
that I last saw him alive on Feb 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations
Of autopsy

Duration

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature W. J. Randall M.D. Address Lexington Mo Date signed 3/4/42

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

1949 171942

Suburban

RECEIVED

District Health Officer No. 8,

District No Number _____

Date Filed 3-12-42

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 Garret P. Jumper

Licensed Embalmer No. 3295

P. O. Address Livingston, 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, fact should be so stated above.