S. No. 2
—9-4-41
. 5-17-39
PI X29484

36
6
2

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

33677

State File No. .....

FILED NOV 5 1942

Registration District No. 416 Primary Registration District No. 3020 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: West Missouri Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether

In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 6 2

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

(d) Street No. West Missouri Ave.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country ✓ ✓ 0

3. (a) PRINT FULL NAME FRED EUGENE PARKS

3. (b) If veteran, name war none

3. (c) Social Security No. 490-14-7311

4. Sex Male

5. Color or race 2 Colored

(a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Caroline Parks

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 2 (Day) 1878 (Year)

8. AGE: Years 64 Months 3 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business Trucking

FATHER
12. Name Jackson Parks
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Caroline Parks

(b) Address Washington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 (Month) (Day) 1942 (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.

(b) Address Washington, Missouri

19. (a) 10-27-42 (Date received local registrar) (b) Lucille Kuether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 25 1942 to Oct. 26 1942 that I last saw him alive on 10-26- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes mellitus	1 yr
Due to 61	
Due to	
Other conditions myocarditis (Include pregnancy within 3 months of death)	4 days

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature B. E. Mauk Sept (M. D. or other)

Address Washington Mo. Date signed 10-27-42

11 20

(Licensed Embalmer's Statement on Reverse Side)

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 me Lester H. Witt, ~~Registered Apprentice~~ No. ..... working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.