S. No. 9-4-41 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17460

State File No.

FILED JUN 10 1943

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 170

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Clay 17

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willis Parks (Piarks)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 15 (Day) 1930 (Year)

8. AGE: Years 12 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Dunklin Co (City, town, or county) Mo O (State or foreign country)

10. Usual occupation student

11. Industry or business

FATHER
12. Name Willie Parks (Piarks)
13. Birthplace Clay Co. (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Alpha Kitchens
15. Birthplace Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant Name Father

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5-28-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 5-26, 1943 to 5-27, 1943 that I last saw him alive on 5-26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture, skull; Brain Concussion; Internal injuries, type undetermined.

Due to Fall from moving truck.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) Accident 136

(b) Date of occurrence May 26, 1943

(c) Where did injury occur? Near Pollard (City or town) (County) Ark (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public Highway (Specify type of place)

While at work? No (e) Means of injury Fall from truck.

23. Signature J. W. Fonda (M. D. or other)

Address Poplar Bluff, Mo. Date signed 5-27-43

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-785
Date Filed 6-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

S. No. 2B
M—8-21-41
I X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 170

1. PLACE OF DEATH:

(a) County
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State — (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willis Parks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant Willie Parks
(b) Address Pollard, Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Lloyd Runnels
(b) Address Piggott, Ark

19. (a) 5-28-43 (Date received local registrar) (b) Billie Rune (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 27 year 1943 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

Due to

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

17460