

Registration District No. 31Primary Registration District No. 4040Registrar's No. 23

1. PLACE OF DEATH:

(a) County Benton
 (b) City or town Cole Camp
 (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

In this community.....
years, months or days)3. (a) PRINT FULL NAME Dona F Parks3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife Charley Parks 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased May 8th 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 3 5 hr.min.9. Birthplace Mercer County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name Alexander Snapp13. Birthplace Maryland
(City, town, or county) (State or foreign country)14. Maiden name ETPA15. Birthplace Unkn on
(City, town, or county) (State or foreign country)16. (a) Informant C F Parks
(b) Address Cole Camp Missouri17. (a) Burial (b) Date thereof Aug. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cole Camp Mo18. (a) Signature of funeral director F L Eickhoff(b) Address Cole Camp Mo19. (a) Sept-2-1943 (b) Paxline Harms
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
 (c) City or town Cole Camp Mo
 (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1943 hour 4 minute 0 A.M.21. I hereby certify that I attended the deceased from 8-1-1940
....., 19....., to 8-12-1943
that I last saw her alive on 8-11-1943
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis
Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)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 Paxline Harms (M.D. or other) MD
 Address Cole Camp Mo Date signed 8-13-43

RECEIVED

District Health Officer No. 7,

District File Number 8-43-919

Date Filed 9-8-43

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Col e Camp 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.