

Registration District No. **274** Primary Registration District No. **5935** Registrar's No. **282**

1. PLACE OF DEATH
 (a) County **Pettis**
Sedalia, Missouri (Rural)
 (b) City or town
 (c) Name of hospital or institution:
Rural / School
 (d) Length of stay: In hospital or institution **None**
 In this community **Unknown**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Ohio** (b) County **Unknown**
 (c) City or town **Akron**
 (d) Street No. **729 Noble Avenue**
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **1st Lt. Donald F. Parks**
 (b) If veteran, **World War #2**
 (c) Social Security No. **0-515015**

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month **Sept.** day **5th**
 year **1943** hour **11:00** minute **P.** M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Muriel G. Parks**
 6. (c) Age of husband or wife if alive **Unknown**
 7. Birth date of deceased **February 28, 1904**

21. I hereby certify that I attended the deceased from **Never**
 that I last saw him alive on **Never**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Fracture of skull.**

8. AGE: Years **39** Months **6** Days **8**
 If less than one day **- hr. - min.**

Due to **1734**
 Due to **34**

9. Birthplace **Unknown**
 10. Usual occupation **Soldier**

Other conditions **Complete crushing of chest.**
Fractured cervical vertebrae.

11. Industry or business **U. S. Army**
 12. Name **Unknown**
 13. Birthplace **Unknown**
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**

Major findings: **None performed**
 Of operations **None performed**
 Of autopsy **None performed**

16. (a) Informant **Army Records**
 (b) Address **-**
 17. (a) **Removal** (b) Date thereof **9/9/43**
 (c) Place: burial or cremation **Washington, D.C. Nat'l. Cem.**
 18. (a) Signature of funeral director **Gillespie Funeral Home**
 (b) Address **Sedalia**
 19. (a) **9/9/43** (b) **Mrs. Anna Berger**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Airplane accident.**
 (b) Date of occurrence **11:00 P.M. Sept. 5, 1943**
 (c) Where did injury occur? **(Rural) Sedalia, Pettis, Mo.**
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
During aircraft flight
 While at work? **Yes** (Specify type of place) **Plane crash**
 (e) Means of injury
 23. Signature **Carl D. ...** (M. D. or other) **M.C.**
 Address **Sedalia Army Air Field** Date signed **9/7/43**
Warrensburg, Missouri

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

2000

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-12-43

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. 3868

P. O. Address See back

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.