

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
2000

State File No. 38256
Registrar's No. 927

FILED NOV 24 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community at L.H. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney

(c) City or town Cedar Creek
(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 BOBBY GENE PARKS

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1943 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 7
1943, to Nov. 15, 1943
that I last saw him alive on Nov. 15, 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct 15 1916
(Month) (Day) (Year)

Immediate cause of death Acute Transverse Myelitis Duration 11 da

8. AGE: Years 13 Months 1 Days 0
If less than one day hr. _____ min. _____

Due to Etiology - unknown

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) 130

10. Usual occupation Student

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations None

Of autopsy None

MOTHER FATHER

11. Industry or business _____

12. Name Charles J. Parks

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

14. Maiden name Perle G. Dunn

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) na

(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? _____

16. (a) Informant Charles J. Parks

(b) Address Cedar Creek

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Harry Targett

(b) Address Franklin

19. (a) 11-16-43 (Date received local registrar) (b) H. W. Hardsley (Registrar's signature)

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

23. Signature H. P. Madsen (M. D. or other) _____
Address Springfield, Mo Date signed 11-16-43

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

39
2
6

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..... *Winnifred L. Whitehead*

Licensed Embalmer No. *2277*

P. O. Address *Princeton 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.

X