

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3379

State File No.

Registrar's No. 188

Registration District No. 383

Primary Registration District No. 3253

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mount Vernon Mo
 (c) Name of hospital or institution: Missouri State Sanatorium
 (d) Length of stay: In hospital or institution 9 days
 In this community 9 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Charles Kou
 (d) Street No.
 (e) Citizen of foreign country? (Yes or No) /
 If yes, name country

3. (a) PRINT FULL NAME Jasper Edward Parks
 (b) If veteran, name war no
 (c) Social Security No 489-12-3387

20. DATE OF DEATH: Month Dec day 30 year 1943 hour 5 minute 30 P.M.
 21. I hereby certify that I attended the deceased from December 22, 1943 to Dec. 30, 1943 that I last saw him alive on Dec. 30, 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Sept. 2 1878 (Month) (Day) (Year)

Immediate cause of death: pulmonary tuberculosis over 1 yr.
 Duration
 Due to
 Due to
 Other conditions
 Major findings: Of operations
 Of autopsy: F.A. Bilat. Pulsion. The 3. Inter-tinal The 3. Bilat. Polycystic kidney

8. AGE: Years 65 Months 2 Days 28 If less than one day hr. min.
 9. Birthplace: Knoxville Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk
 11. Industry or business Store
 12. Name Robert E. Parks
 13. Birthplace unknown Tenn. (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown (City, town, or county) (State or foreign country)
 16. (a) Informant E. McMichael, Record Clerk
 (b) Address Mo State San, Mount Vernon Mo
 17. (a) Burial (b) Date thereof Jan 1-1944 (Month) (Day) (Year)
 (c) Place: burial or State Sanatorium Cemetery
 18. (a) Signature of funeral director Geo B Orr
 (b) Address Mt Vernon Mo
 19. (a) 1-3-44 (b) Andy Crawford (Date received local registrar) (Registrar's signature)

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 Y. F. Fugate (M. D. or other) M.D.
 Address Mo 55 - Mt Vernon Date signed 12/30/43

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

MOTHER FATHER

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 144-116

Date Filed JAN 27 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
any one else....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo B Orr.....

Licensed Embalmer No. 946.....

P. O. Address 7 W Vernon M.....

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.