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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3555

FILED JAN 19 1944

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Levering Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion <sup>64</sup>  
(c) City or town Hannibal <sup>3</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 225 N. Maple Ave <sup>7</sup>  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Emma McCormack Parks

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1  
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1940 to 1-1, 1944  
that I last saw her alive on 11-4-44 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Edgar Andrew Parks 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased August 17 1849  
(Month) (Day) (Year)

Immediate cause of death Tubercular Pneumonia Duration 2 weeks

8. AGE: Years 94 Months 4 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to 108  
Due to \_\_\_\_\_

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

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy no  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Andrew J. McCormack  
13. Birthplace Dublin Ireland <sup>4</sup>  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Hayburn  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant E. A. Parks  
(b) Address 225 N. Maple, Hannibal, Mo.

17. (a) Burial (b) Date thereof Jan 3, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery, Hannibal, Mo.

18. (a) Signature of funeral director Ray P. Schwarz  
(b) Address 100 Adams, Hannibal, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? \_\_\_\_\_

19. (a) 1/8/44 (b) W. Morrison  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury no  
23. Signature Edgar A. Parks (M. D. or other) \_\_\_\_\_  
Address Hannibal, Mo. Date signed 1-4-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Ray P. Schwartz*

Licensed Embalmer No. *1765*

P. O. Address *177 Quay, Haverhill, Ma*

**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.**

*4/7/11*