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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7290

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 42

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 W. GREEN ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42

(a) State Mo (b) County Henry 0
(c) City or town Clinton Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 315 West Green St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERTIE ELLEN PARKS

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHARLEY B. PARKS
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased FEB (Month) 1st (Day) 1874 (Year)

8. AGE: Years 70 Months 0 Days 12 If less than one day hr. min.

9. Birthplace HENRY Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name James B. Simmons
13. Birthplace Moniteau Co. Mo (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Louisa C. Mills
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Mr. Charley B. Parks
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem.
18. (a) Signature of funeral director W. L. Vansant
(b) Address Clinton Mo.
19. (a) Feb. 14 1944 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) I.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1944 hour 9:40 minute P. M.
21. I hereby certify that I attended the deceased from Feb 13, 1944, to Feb 13, 1944
that I last saw her alive on Feb 13, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	12 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature G. Swalker (M. D. or other) M.D.
Address Clinton Mo. Date signed 2-14-44

Dr. Walker 1069

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-44-197
Date Filed 3-4-44

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 W. L. Varisant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.