

FILED JUL 21 1944  
Registration District No. **1773**

Primary Registration District No. **5430**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **Franklin**  
(b) City or town **St. Clair - Morehouse Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Central Camp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether)  
In this community **86 yrs** years, months or days

3. (a) PRINT FULL NAME **William H Park**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Maecie** 6. (c) Age of husband or wife if alive **Dead** years  
7. Birth date of deceased: **5** (Month) **4** (Day) **1857** (Year)

8. AGE: Years Months Days If less than one day  
**86** **1** **11** hr. min.

9. Birthplace **Spring Creek Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business  
12. Name **Chy Park**  
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Miller**  
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **John Parks**

(b) Address **St. Clair Mo**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **6/18/44** (Month) (Day) (Year)

(c) Place: burial or cremation **Morehouse Mo**

18. (a) Signature of funeral director **Casy Koenig**

(b) Address **St. Clair Mo**

19. (a) **6/18/1944** (Date received local registrar) (b) **P. J. King** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **Franklin**  
(c) City or town **St. Clair Rural** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15th** year **1944** hour **5:45** minute **PM** M.  
21. I hereby certify that I attended the deceased from **October** tenth 1943 to **June 15** 1944 that I last saw him alive on **June 8th** 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis** Duration **years**

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

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

Other conditions **Pleurisy** (Include pregnancy within 3 months of death) **few wks**

Major findings: Of operations **932** 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**

23. Signature **C. F. Bringle, M.D.** (M. D. or other)

Address **St. Clair Mo** Date signed **June 16/44**

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

2600

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 7-20-44

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 J. W. L. Shieber  
Licensed Embalmer No. 3008

P. O. Address Pacific 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.