

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31904

FILED SEP 18 1944

Registration District No. _____

Primary Registration District No. 4494

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Winona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 12/1
(c) City or town Eminence (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Parks

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Parks 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. 13 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 5 21 hr. min.

9. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name Fred E. Parks

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Effie Reese
(City, town, or county) (State or foreign country)

15. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Parks

(b) Address Van Buren Mo.

17. (a) Burial (b) Date thereof 8-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Phil A. Leuckel

(b) Address Van Buren Mo.

19. (a) 8-12-44 (b) Frank Hyde MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 2 50
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 94a

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 _____

23. Signature Frank Hyde (M. D. or other) _____

Address Eminence Mo Date signed 8-12-44

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

MOTHER FATHER

744

RECEIVED

District Health Officer No. 5,
District File Number 944488
Date Filed 9-15-44

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 8-3-14

....., Registered Apprentice No.
working under my personal supervision.

Signed Philip A. Leuchel
Licensed Embalmer No. 2936
P. O. Address Van Buren 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.