S. No. 2
4—8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38052

FILED NOV 28 1944

Registration District No. 2-0-01 5581

Primary Registration District No. 2-0-01 5581

Registrar's No. 543

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

1. PLACE OF DEATH:
(a) County Jasper Galena Township
(b) City or town Joplin Rural Lone Elm Road
(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 (Specify whether
In this community 22 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 620 N. Joplin (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME James Allen Parks
3. (b) If veteran, name war
3. (c) Social Security No. 491-07-9708
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bobbie
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Sept (Month) 13 (Day) 1910 (Year)

8. AGE: Years 34 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Rolla Kans (City, town, or county) 1 (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Missouri Mining Co.
FATHER
12. Name Al Parks
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Clara J Sweet
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs J.A. Parks
(b) Address 620 N Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II (Month) 14 (Day) 44 (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address Joplin, Mo.
19. (a) 11-14-44 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1944 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from ..., 19.., to ..., 19..; that I last saw Did not see him alive alive on ..., and that death occurred on the date and hour stated above.

Immediate cause of death General Mutilation
Due to being struck by
Due to freight train while driving truck
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

1700 -8 23

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 12
(b) Date of occurrence Nov. 11, 44
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Rail way tracks (Specify type of place)
While at work? yes (e) Means of injury train
23. Signature R. W. Webster Coroner (M. D. or other)
Address Carthage, Mo Date signed Nov 11, 44

1204

(Licensed Embalmer's Statement on Reverse Side)

44-11-945

AUG 7 1945

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~~ Not

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Perry J. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin, 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.