

S. No. 2
1-9-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1944
354

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39021
Registrar's No. 30

Registration District No. Primary Registration District No. 6188

1. PLACE OF DEATH:
(a) County Janey
(b) City or town Cedar Creek
(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 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Janey
(c) City or town Cedar Creek
(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.

3. (a) PRINT FULL NAME William Henry Parks
3. (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 16
year 1944 hour 2 minute P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Janet Parks
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept 24 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 13 1944 to April 20 1944
that I last saw him alive on April 20 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 1 Days 22
If less than one day hr. min.

Immediate cause of death Acute left ventricular failure
Due to hypertensive arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN

9. Birthplace Pulaski Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation farmer

MOTHER FATHER
11. Industry or business
12. Name unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant M.C. Williams
(b) Address Joplin, Mo
17. (a) Burial (b) Date thereof Nov. 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McCurry Cem.
18. (a) Signature of funeral director Harry Hays
(b) Address Joplin, Mo
19. (a) Nov 17, 1944 (b) Harvey Hays
(Date received local registrar) (Registrar's signature)

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 H.W. Clapp (M.D. or other) AD
Address Joplin, Missouri Date signed 11/17/44

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

RECEIVED

District Health Officer No. 6;

District File Number 1244-1328

Date Filed DEC 12 1944

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.....
was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.