S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10487

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community All His Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89

(c) City or town Richmond, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. South Shaw 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A. 0

3. (a) PRINT FULL NAME ALFRED PARKS

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Minnie (Tate) Parks

6. (c) Age of husband or wife if alive Deceased. years

7. Birth date of deceased June 2nd 1878. (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Minor Coal

11. Industry or business

FATHER
12. Name Wm. Wayne Parks
13. Birthplace Ray Co. Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Emely Silkwood
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Myra Parks
(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-45. (Month) (Day) (Year)
(c) Place: burial or cremation Sunnyslope

18. (a) Signature of funeral director [illegible]
(b) Address Richmond Mo.

19. (a) April 2 1945 (Date received local registrar) (b) Mrs Shaw W Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1945 hour 2 15 minute P M.

21. I hereby certify that I attended the deceased from March 1945 to March 4 1945 that I last saw h alive on " " 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 468

Of autopsy

Duration

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

23. Signature E. C. Lay (M. D. or other) MD

Address Richmond Mo. Date signed 4-2-45

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 4/10/45

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 Louis Arnest

Licensed Embalmer No. 1026

P. O. Address Richmond, Va.

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.