

S. No. 2
M-543
v. 5-17-39
X36871

FILED FEB 19 1946

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Jackson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Orthopedic Hospital (11th St.)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hrs (Specify whether
 In this community 10 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hannay
 (c) City or town Clinton
 (If outside city or town limits, write "RURAL")
 (d) Street No. N Water St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Helly Shaelcca PARKS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Fe 5. Color or race W
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive ✓ years _____

7. Birth date of deceased 2 23 1945
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
 year 1946 hour 2:05 minute P M.
 21. I hereby certify that I attended the deceased from Nov
 _____, 1945 to Jan 28, 1946
 that I last saw her alive on Jan 28, 1946
 and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-------|-----------|----------|----------------------|
| | <u>11</u> | <u>5</u> | hr. min. |

Immediate cause of death Bilateral bronchial pneumonia (virus) Duration: 48 hrs.
 Due to _____
 Due to _____

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

10. Usual occupation child

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 10?
 Of autopsy _____

MOTHER, FATHER

11. Industry or business _____

12. Name James P. Parks
 13. Birthplace Clinton Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Dorothy Jones
 15. Birthplace Clinton Mo
 (City, town, or county) (State or foreign country)

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

16. (a) Informant James P. Parks
 (b) Address Jackson City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood Cem.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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) _____ (e) Means of injury _____

18. (a) Signature of funeral director Fred Wilkinson
 (b) Address Clinton Mo

19. (a) 1-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

23. Signature E. D. Reese (M. D. or other)
 Address 3309 E 12 Date signed 1-28-46

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

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..... *Fred W. Weikerson*.....

Licensed Embalmer No. *2478*

P. O. Address..... *Quincy, Ill.*.....

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.