

FILED MAY 22 1946
STANDARD CERTIFICATE OF DEATH

State File No. **17016**

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Sarcoxie**
(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 **Clotette Louise Parks**

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

4. Sex **f** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Frank S.** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **September 5 1879**
(Month) (Day) (Year)

8. AGE: Years **66** Months **8** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Marionville Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER
11. Industry or business **Home**
12. Name **Guy Sprague** /
13. Birthplace **DuQuoin Illinois** /
(City, town, or county) (State or foreign country)
14. Maiden name **Maggie E Wise**
15. Birthplace **Bedford Co. Tennessee** /
(City, town, or county) (State or foreign country)

16. (a) Informant **F. S. Parks**
(b) Address **Sarcoxie, Missouri**
17. (a) **Burial** (b) Date thereof **4/9/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sarcoxie Cemetery**
18. (a) Signature of funeral director **Roland Engelage**
(b) Address **Sarcoxie, Missouri**

19. (a) **48-46** (b) *[Signature]*
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1946** hour **7** minute **0** P.A.M.

21. I hereby certify that I attended the deceased from **Feb 1942**, 19____, to **April 6**, 19**46**
that I last saw her alive on **April 6**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**
Due to **urina**

Due to **chronic nephritis**
Other conditions **acute appendicitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **acutely inflamed appendix**
Of autopsy **12/1/46**
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 *[Signature]* (M. D. or Doctor) **M.O.**
Address **Sarcoxie, MO** Date **April 8-46**

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

19

2

5

15897

138

46-4-397

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..... *Geo. B. Qu...*

Licensed Embalmer No. *946*

P. O. Address..... *7th Fernway*

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.