

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1602**  
Registrar's No. **5**

**FILED FEB 5 1947**  
164

Registration District No. **164**

Primary Registration District No. **3032**

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**305 Broad st**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **No** (Specify whether  
**5 Yrs** years, months or days)

In this community **5 Yrs**

3. (a) PRINT FULL NAME **Eunice R Parks**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Wm. Parks**

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

7. Birth date of deceased **Aug. 30 1853**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>93</b>	<b>4</b>	<b>18</b>	hr. min.

9. Birthplace **Richmond Va.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Acrey Jones**

13. Birthplace **Notknown Va.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Chariss A Boston**

15. Birthplace **Knotknown Va.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Laura Maupin**

(b) Address **305 Broad, Warrensburg**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-20-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Calhoun Mo.**

18. (a) Signature of funeral director **Sweeney Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **Jan. 20-47** (Date received local registrar) (b) **Sarah M. Phillips** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Warrensburg** (If outside city or town limits, write "RURAL")

(d) Street No. **305 Broad** (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18**  
year **1947** hour **6** minute **30 P M.**

21. I hereby certify that I attended the deceased from **1946**  
to **Jan 18-47**  
that I last saw her alive on **Dec. 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr Myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: **93D**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **C**

23. Signature **R F M E K Wm** (M. D. or other)  
Address **Warrensburg Mo.** Date signed **1-20-47**

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

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**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..... *J. Earl Priest* .....  
..... Licensed Embalmer No..... **3878** .....  
..... P. O. Address..... **Warrensburg 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.**