S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28454

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale Memorial 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60
(c) City or town Noel 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Henry H. Parks Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Parks
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 19 (Day) 1883 (Year)

8. AGE: Years 64 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Unknown — (City, town, or county) Georgia 1 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Henry H. Parks
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Maggie Parks
(b) Address Tulsa, Okla.
17. (a) Memorial (Burial, cremation, or removal) (b) Date thereof Aug 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem Tulsa, Okla.
18. (a) Signature of funeral director Bigham Mortuary
(b) Address 200 E. Spring Neosho, Mo.
19. (a) Aug 30, 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1947 hour 12 minute 50 A. M.
21. I hereby certify that I attended the deceased from Aug 26, 1947, to Aug 28, 1947; that I last saw him alive on Aug 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock, Traumatic	48 hrs
Due to Fracture Both legs - left scapula + Spinal Cord	
Due to injury	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) Accidental
(b) Date of occurrence Aug 26, 1947 73
(c) Where did injury occur? Neosho (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Auto accident on Highway 60. (Specify type of place)
While at work? No (e) Means of injury Auto accident

23. Signature Harold C Lintz (M. D. or other) MDO
Address Neosho, Mo Date signed Aug 30 1947

(Licensed Embalmer's Statement on Reverse Side)

Non-collision

OCT 16 1947

RECEIVED

District Health Officer No.

District File Number 947-178

Date Filed 9-8-47

JAN 11 1955

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 Cecil a Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.