FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37893

Registration District No. 437 Primary Registration District No. 3023 Registrar's No. 256

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(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 2 years (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42
(a) State Missouri (b) County Henry 1
(c) City or town Clinton 2
(If outside city or town limits, write "RURAL")
(d) Street No. General Hospital
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME FRANK, CLARK, PARKER
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 31 (Day) 1872 (Year)

8. AGE: Years 74 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Newark (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Elizae Parker
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Elsie Flemings
15. Birthplace Ohio (City, town, or county) (State or foreign country) 1
16. (a) Informant Ike Parker
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Teay's Chapple Cem
18. (a) Signature of funeral director Consales + Peck
(b) Address Clinton Mo
19. (a) 12-6-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature) 1010

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1947 hour 4 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 28, 1947, to Dec. 5, 1947
that I last saw him alive on Dec. 5, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	12 hrs
Due to: Generalized arteriosclerosis ~~[illegible]~~	unknown
Due to:	
Other conditions: Hemiplegia due to Cerebral hemorrhage (Include pregnancy within 3 months of death)	16 mo

Major findings:
Of operations no
Of autopsy no 94A

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

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) 0
While at work? (e) Means of injury

23. Signature S. B. Hughes (M. D. or other) M. D.
Address Clinton, Mo. Date signed 12/6/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 11-47-1422
Date Filed 12-11-47

OCT 24 1952

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 R. R. Kinney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.