

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1262

FILED FEB 7 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 362

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 521 E 9th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: 20 years (Specify whether in hospital or institution)
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 521 E 9th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: IRVIN W. PARKS

3. (b) If veteran, name war: DO NOT KNOW 3. (c) Social Security No.: DO NOT KNOW

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife: unknown 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: July 10, 1904
(Month) (Day) (Year)

8. AGE: Years: 43 Months: 6 Days: 15 If less than one day: _____ hr. _____ min.

9. Birthplace: Partridge, Kans
(City, town or county) (State or foreign country)

10. Usual occupation: Auto Salesman

11. Industry or business: _____

MOTHER FATHER

12. Name: William Parks

13. Birthplace: Putnamville, Ind.
(City, town or county) (State or foreign country)

14. Maiden name: Berude Berude

15. Birthplace: Culphogan, Tenn, Ohio
(City, town or county) (State or foreign country)

16. (a) Informant: Bill Gard

(b) Address: Hutchinson, Kan.

17. (a) Burial, cremation, or removal: Removal (b) Date thereof: 1-26-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Hutchinson, Kan.

18. (a) Signature of informant: Bill Gard

(b) Address: Hutchinson, Kans.

19. (a) 1-26-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 25 year: 1948 hour: 10 minute: PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to: _____
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 117a
Of operations: _____

Of autopsy: no
Autopsy & Impression

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: Sheldine Holmes (M. D. or other) _____

Address: 1904 N. 1st St Date signed: 1-26-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

Putnamville

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. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *H. C. 200*

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.