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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4424

Registration District No. 100 Primary Registration District No. 6392 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Dent

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

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

(d) Length of stay: In hospital or institution (Specify whether

In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent

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

(d) Street No. 4 Mi S of Lenox (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosana Parks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C W Parks

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 13 (Day) 1872 (Year)

8. AGE: Years 75 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Texas Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Solaman Halfinger
13. Birthplace (City, town, or county) Switz (State or foreign country)

MOTHER
14. Maiden name Mary Ousley
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant C W Parks

(b) Address Lenox Mo

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

(c) Place: burial or cremation Concord Cem

18. (a) Signature of funeral director Smith & Ferguson

(b) Address Licking Mo

19. (a) 1-20-48 (Date received local registrar) (b) M. M. Hart, M.D. Reg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15 year 1948 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 23, 1947, to Jan 15, 1948 that I last saw her alive on " 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and influenza

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93D

Duration

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 [illegible] (M. D. or other)

Address Licking Mo Date signed 1/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] Officer No. 5,
District Fi[illegible] 24892
Date Filed 2-16-48

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 Not Embalmed Registered Apprentice No. —
working under my personal supervision.

Signed Eubert E. Ferguson
Licensed Embalmer No. 3945
P. O. Address Tucking Ms

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.