S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 17 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26795

Primary Registration District No. 2001

Registrar's No.

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

19
2
5

1. PLACE OF DEATH:

(a) County JASPER

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 49

(c) City or town JOPLIN 2
(If outside city or town limits, write "RURAL")

(d) Street No. 632 WALL 5
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME MARION PARKS

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 1

6. (b) Name of husband or wife MATTIE PARKS

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

7. Birth date of deceased MARCH 10, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	24	hr. min.

9. Birthplace GRANDRAPIDS, MICHIGAN /
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name W. H. PARKS /
13. Birthplace MICHIGAN /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH FLEESHER
15. Birthplace PENNSYLVANIA /
(City, town, or county) (State or foreign country)

16. (a) Informant MATTIE PARKS
(b) Address 632 WALL ST

17. (a) REMOVAL (b) Date thereof 8-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MELROSE, KANSAS

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 JOPLIN, JOPLIN, MO

19. (a) 8-7-48 (b) Dolores Lamphins Jr.
(Date received local registrar) (Registrar's signature) 1/24

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 6
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 7-19, 1948 to 8-6, 1948
that I last saw him alive on 8-6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Prostate

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

5-1B

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 [signature] (M. D. or other)
Address Joplin Date signed 8-6-48

(Licensed Embalmer's Statement on Reverse Side)

48-7-686

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 F. M. Jones

Licensed Embalmer No. 3319

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.