

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5847 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burlington Junction</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tubutt</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marvin Demore</u>		b. (Middle) _____ c. (Last) <u>Parks</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 2 1949</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>May 7 1913</u>		9. AGE (In years last birthday) <u>35</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Burlington Jct., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>	
13a. FATHER'S NAME <u>Edward C. Parks</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Graves</u>	
14. NAME OF HUSBAND OR WIFE <u>////</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.II</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edward C. Parks, Clearmont, MO.</u> ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Fracture of Skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		2. OTHER SIGNIFICANT CONDITIONS <u>Collision Transport Truck and automobile</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>No operation</u>		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Burlington Jct Nodaway MO 74</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-2-1949 6:50 P.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision Truck & Automobile</u>	
22. I hereby certify that I attended the deceased from <u>not attended</u> , to _____, 19____, that I last saw the deceased alive on <u>not seen</u> 19____, and that death occurred at <u>6:50 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. E. Dean M.D. - Coroner</u>		23b. ADDRESS <u>Maryville</u>	
23c. DATE SIGNED <u>3-3-1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>Workman Chapel Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>New Maryville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Stokeman</u> ADDRESS <u>Maryville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u> 229	

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

MAR 14 1949

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 _____

Student Embalmer No. 266

working under my personal supervision.

Student *Lawrence J. Thompson*
Student Embalmer

Signed *G. M. Atchison*

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.