

No. 2
4-13-40
5-17-39
I X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27884
Registrar's No. 66

Registration District No. 50 Primary Registration District No. 5074

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Bates Rural
(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 2
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates
(c) City or town 0 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Mt. Pleasant Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Wilbur Jamison Park
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 11 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Hampshire Co Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jefferson Park
13. Birthplace Hampshire Co Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Bathurst Davis
15. Birthplace Hopland Co Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bruce Radford
(b) Address Butler Mo

17. (a) burial (b) Date thereof Aug 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Charles Funeral Service
(b) Address Butler Mo

19. (a) Aug 21 1946 (b) Nina L Culver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 1872
year 1940 hour 9 minute P
21. I hereby certify that I attended the deceased from Aug 18 1940 to Aug 18 1940
that I last saw him alive on Aug 18 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Raymond Leff
leg.
Due to Arteriosclerotic Mellitus
Due to _____

Other conditions (Include pregnancy within 3 months of death) 54

Major findings: Of operations _____ Of autopsy no

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? 53

(Specify type of place) While at work _____ (e) Means of injury _____
23. Signature Phys. A. Lusk Jr (M. D. or other) _____
Address Butler Date signed Aug 20 40

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1338

Date Filed 9-13-40

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 B. Denton

Licensed Embalmer No. 4123

P. O. Address Butler, Pa.

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.