

Registration District No. **607**

Primary Registration District No. **5806**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Portageville, Mo.
(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 Nine weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bert Parks
3. (b) If veteran, name war _____ **3. (c) Social Security** No. 620

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased June 21 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 4 If less than one day _____ hr. _____ min.
9. Birthplace Near Portageville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER
12. Name Elmer Parks
13. Birthplace Conway Co., Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Edith Lola Bell
15. Birthplace Conway county Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Parks
(b) Address Portageville, Mo.

17. (a) _____ **(b) Date thereof** Aug. 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director W. H. ...
(b) Address ...

19. (a) 8-24-1940 **(b)** Mary W. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County New Madrid
 (c) City or town Portageville, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 23
 year 1940 hour Noon minute _____ M.

21. I hereby certify that I attended the deceased from June 21, 40 when born then once later, 19...;
 that I last saw him alive on August 17, 40, 19...4;
 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition
Fed artificially

Due to About 8 months baby
(premature)
 Due to Cause unknown, mother healthy

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____
 Of autopsy No

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?
535

While at work? _____ **(Specify type of place)**
(e) Means of injury _____

23. Signature A. H. ... **(M. D. or other)** _____
Address Portageville, Mo. **Date signed** 8-24-40

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

RECEIVED

District Health Officer No.

District File Number 940-14

Date Filed 9/5/4

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.