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7-39
X23199

FILED SEP 12 1944

Registration District No. 127

Primary Registration District No. 6999

Registrar's No.

1. PLACE OF DEATH: Stoddard Custom Two

(a) County Stoddard

(b) City or town Bloomfield 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 _____ (Specify whether)

In this community Years
years, months or days

3. (a) PRINT FULL NAME Gene Parkhurst

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 4, 1931
(Month) (Day) (Year)

| | | | |
|---------------|--------|------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| 10 | 5 | 12 | hr. _____ min. |

9. Birthplace Bloomfield, Mo. Rural
(City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business _____

12. Name James J. Parkhurst

13. Birthplace White county Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Fannie B. Sitz

15. Birthplace Stoddard county, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur H. Parkhurst

(b) Address Bloomfield, Mo. R. F. D.

17. (a) Burial (b) Date thereof 7-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove cem.

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Sept. 3, 1944 (b) Loonie Lurch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1030

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield
(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 July day 16th
year 1941 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from JULY 16, 1941, to JULY 16, 1941, that I last saw him alive on JULY 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death SEPTICEMIA

Due to _____

Due to INJURY TO RIGHT SHOULDER 7 DAYS

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

Major findings: Of operations Me
1941

Of autopsy _____

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) ACCIDENT

(b) Date of occurrence JULY 9, 1941 11:30

(c) Where did injury occur BLOOMFIELD, MO. STODDARD
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON FARM
(Specify type of place) KICKED BY

While at work? _____ (e) Means of injury WASHING MACHINES

23. Signature W. S. Davis (M. D. or other) DB

Address BLOOMFIELD Date signed 7-31-41

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 91-1262

Date Filed 9/10/41

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..... Deceased was not embalmed.

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, fact should be so stated above.