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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31527

State File No.

FILED OCT 15 1942

Registration District No. 343

Primary Registration District No. 6154

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard 103

(c) City or town Rural - Richland 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Roy Jean 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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased May 1 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Stoddard Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Roy Parks
13. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Bessie Lindsey
15. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Roy Parks
(b) Address Bloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bluff Cemetery

18. (a) Signature of funeral director Hills Und. Company
(b) Address Bloomfield, Missouri

19. (a) Sept. 23-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

Nora Dickson 1134

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1942 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from unattended, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ileo-colitis - acute	7 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 119a
Of autopsy No

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 John Wilson 0 (M. D. [illegible])
Address Bloomfield, Mo. Date signed 9/17/42
Do. Doctor.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 1
District File Number 1042-1306
Date Filed 10-7-42
OCT 19 1942

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 Infant 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.