

LED JUN 25 1943

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 45

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North KAN CITY, MO. R.R. 5
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NONE. AT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 (Specify whether years, months or days)

3. (a) PRINT FULL NAME CORA G. PARKS.
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Carnest J. Parks. 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug 16 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Alton Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name CORA G. CARTER
15. Birthplace Alton Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. W. Macken

(b) Address R.R. 5 North Kan City Mo

17. (a) BURIAL (Burial, cremation, or removal) Green Lawn Cemetery (b) Date thereof June 11 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director MORTON FUNERAL H.
(b) Address 832 ARMOUR ROAD, NO. KAN. C.

19. (a) June 10 - 43 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town North KAN CITY, MO. R.R. 5
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #15 (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1943 hour 9:30 minute _____ a.m.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw _____ alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to Coronary Occlusion

Due to Coronary Occlusion

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

Major findings: Of operations _____

Of autopsy _____

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) Coronary Occlusion

(b) Date of occurrence June 9 - 1943 9:30 a.m.

(c) Where did injury occur? North Kan City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home on farm (Mackin Farm)
(Specify type of place) (e) Means of injury _____

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

23. Signature P. W. Peatler (M. D. or other) Coroner
Address Galena Springs Mo. Date signed 6-9-43

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-24-43

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address. R. C. 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.

Registration District No. 172

Primary Registration District No. 5289

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural Shellmound
(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, months or days)

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased aug 16 1901
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 22 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (Date received local registrar) (b) Purch N. Henry (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1943 year hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

5-21126