

FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 6644

Registration District No. 307

Primary Registration District No. 5900

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural - Braggadocio
(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 7 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Junior Lemar Obbie Parks

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 3:00PM, Jan. 29, 46
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 7 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Clyde Parks

13. Birthplace Cley Co. Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Conroy Pauline Rhoades

15. Birthplace Conway Co. Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Parks

(b) Address Kennett, Mo., R#1.

17. (a) Burial (b) Date thereof I 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

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

(b) Address Kennett Mo

19. (a) 2-7-46 (b) Jucelle Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural - Braggadocio, Twip.
(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 Jan day 29
year 46 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from after death
at 10:30 PM, 1946, to Jan 29, 1946,
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage + trauma due to dystocia + attempted forceps delivery.

Due to _____

Due to _____

Other conditions Difficult birth at 3:PM - 1-29-46.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 161

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 2

23. Signature F B Aarnworth (M. D. or other) DD

Address Braggadocio, Mo. Date signed 1-30-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

5000

78
0
0

3089

(Licensed Embalmer's Statement on Reverse Side)

2-4~~6~~-59

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.