

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 13 1946

Registration District No. 187

Primary Registration District No. 3040

State File No. _____

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Livingston

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

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

(d) Length of stay: In hospital or institution 11 days
(Specify whether _____)

In this community 23 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")

(d) Street No. 708 Washington St. 20
(If rural, give location)

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

3. (a) PRINT FULL NAME Donald Franklin Parks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race White

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

(b) Name of husband or wife Janice Parks 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased January 20, 1917
(Month) (Day) (Year)

8. AGE: Years 29 Months 04 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Florist

11. Industry or business _____

12. Name Ben F. Parks

13. Birthplace Harrison Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Chillicothe Trust

15. Birthplace Albany (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ben F. Parks

(b) Address Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 5/22/46 (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Country

18. (a) Signature of funeral director Donald F. Gardner

(b) Address Chillicothe, Mo.

19. (a) May-21-46 (Date received local registrar) (b) Francis B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1946 hour 14 minute P. M.

21. I hereby certify that I attended the deceased from May 9 1946 to May 20 1946 that I last saw him alive on May 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 11 days

Due to unknown

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 _____

23. Signature Em Grace (M. D. or other) _____

Address Chillicothe, Mo. Date signed 5/21-46

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

16174

67 700

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Ronald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Phillips, 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.