

FILED JUN 20 1946

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Marshall  
(b) City or town Ethel Day Convalescent Home  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hours  
In this community 4 5- years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline  
(c) City or town Slater  
(d) Street No. 825 S. 1st St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Van Buren Parkin

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of race White 6. (a) Single, ~~widowed~~, married, Married

6. (b) Name of husband or wife Edith Parkin 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 11-1974  
(Month) (Day) (Year)

8. AGE: 72 Years 4 Months 20 Days If less than one day hr. min.

9. Birthplace Coalsburg, Hardin Co. Ky  
(City, town or county) (State or foreign country)

10. Usual occupation Retired Accountant

11. Industry or business in garage

12. Name George Parkin

13. Birthplace Coalsburg, Hardin Co. Ky  
(City, town or county) (State or foreign country)

14. Maiden name Elizabeth Vandenberg

15. Birthplace Hardin Co. Ky  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Edith Parkin

(b) Address Slater Mo

17. (a) Private (b) Date thereof 6-3-46  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater City - day

18. (a) Signature of General Director W. S. Beyer

(b) Address Slater Mo

19. (a) 6-4-46 (b) M. T. Overholser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1  
year 1946 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 3 to June 13 1946  
that I last saw him alive on May 31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure 1 yr.  
Chronic pyelonephritis 5 yrs.  
Due to: Chronic Nephritis 2 yrs.  
Cerebral hemorrhage 2 yrs.  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Autopsy: \_\_\_\_\_

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)

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: D. M. C. Bunn (M.D. or other) \_\_\_\_\_

Address Slater Mo Date signed 6-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-15-46

JUL 2 1946

OCT 8 1946

JUL 17 1946

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.....

*Joe Jones*  
3149  
State, Mo

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.