S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

25767

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26925

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Hospo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 14 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # Trenton 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Joseph E. Parkey

3. (b) If veteran, name war —

3. (c) Social Security No. 708-14-2356

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mabel Frances Parkey

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 30 (Day) 1883 (Year)

8. AGE: Years 62 Months 11 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Livingston County (City, town, or county) Missouri 1 (State or foreign country)

10. Usual occupation Station Hand

11. Industry or business C.R.I.&P. R.R.

FATHER
12. Name Peter Jackson Parkey
13. Birthplace unknown (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Sarah Herring
15. Birthplace unknown (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Irene Hunt
(b) Address Jasperport, Mo. R.R. #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof August 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Brassfield Cemetery Livingston Co

18. (a) Signature of funeral director Raymond A Davis
(b) Address Trenton Mo

19. (a) 8/8/46 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1946 hour 12:50 minute A M.

21. I hereby certify that I attended the deceased from Aug 7 1946, to Aug 8 1946 that I last saw h..... alive on Aug 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental - Head injury - R.R. air hoist

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

176.8

Duration

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) Accident 40
(b) Date of occurrence Aug 7-46
(c) Where did injury occur? Scott Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. (Specify type of place)
While at work? Yes (e) Means of injury air hoist

23. Signature E. A. Duffy (M. D. ~~or other~~) 0
Address Trenton Mo Date signed Aug 8 46

115

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

OCT 3 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 Donald H Slater Registered Apprentice No. 422, working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.