

No. 2  
-12-45  
5-17-39  
I X47070

FILED MAY 5 1947

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Registrar's No. 572

Registration District No. 42

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sister "St. Joseph's Hosp."  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hours  
In this community 6 hrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Marion Gene Parks

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W

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 March 29 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
✓ 28 hr. min.

9. Birthplace Caldwell Co - MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Expert

11. Industry or business

MOTHER FATHER

12. Name Engine E Parker

13. Birthplace Paxton OKLA  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Lehman

15. Birthplace Clinton MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Engine E Parker  
(b) Address Cameron, Missouri

17. (a) Burial (b) Date thereof 4-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron  
18. (a) Signature of funeral director Poland Funeral Home  
(b) Address Cameron  
19. (a) 4-29-47 (b) H. B. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Clinton 25  
(c) City or town Rural R.R. # 4, Cameron 0  
(If outside city or town limits, write "RURAL.")  
(d) Street No. RD No. 4 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) ✓  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1947 hour minute 12:30 PM

21. I hereby certify that I attended the deceased from April 26 1947 to April 27 1947  
that I last saw him alive on April 26 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Indigestion Duration 14 da

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 118  
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?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature H. Roy Moore (M. D. or other) M.D.  
Address St. Joseph Mo Date signed 4/29/47

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> was embalmed by me, or by.....

Neal R. Dawson....., Registered Apprentice No. 485  
working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No. 3960

P. O. Address Mayville 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.**