

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36672

FILED AUG 20 1947

Registration District No. 3011 Primary Registration District No. 3011

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(c) Name of hospital or institution: 103 N. Pea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 103 N. Pea
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES B. PARKINS
(b) If veteran, name war World War I
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 1st
year 1947 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 15 1947 to August 1 1947.
that I last saw him alive on July 30 1947.
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife if alive Mellie White Parkins 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased March 22 1892
(Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis Duration 1 yr
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 55 Months 4 Days 10 If less than one day _____
9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Employee of Sinclair Packing Co
11. Industry or business _____
12. Name Wellington Parkins
13. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Fayette
15. Birthplace Maryland
(City, town or county) (State or foreign country)

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 _____
23. Signature John H. Platt (M. D. or other) _____
Address Carrollton, Missouri Date signed 8/2/47

16. (a) Informant Mrs. Charles Parkins
(b) Address Carrollton Mo
17. (a) Burial (b) Date thereof 8-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Stanley Gibson
(b) Address Carrollton Mo
19. (a) 8/3/47 (b) M. M. Steber
(Date received local registrar) (Registrar's signature)

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

079 Crim
200

RECEIVED

District Health Officer *Mr. [unclear]*

District File Number _____

Date Filed 8-16-47

VS JAN 20 1960

AUG 20 1947

AUG 20 1947

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.