S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36508

FILED OCT 20 1947

Registration District No. 3942

Primary Registration District No. 3066

Registrar's No. 2186

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Kirkwood, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Res:- 515 Dougherty Ferry Road.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis, 76
(c) City or town Kirkwood,
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Dougherty Ferry Road,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME IDA ELLSWORTH PARKS.
3. (b) If veteran, name war none.
3. (c) Social Security No. none.
4. Sex Female.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry J. Parks,
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased August (Month) 22, (Day) 1871. (Year)

8. AGE:

Years	Months	Days	If less than one day
76.	1.	23.	hr. min.

9. Birthplace Forest City, (City, town, or county) Iowa. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
FATHER
12. Name Nels Issaacson.
13. Birthplace (City, town, or county) Norway. (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Leo M. Baker.
(b) Address 515 Dougherty Ferry Road,
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation ~~Forest City,~~ MANIX Iowa.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) 10-17-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th, year 1947. hour 8:20 minute a. M.
21. I hereby certify that I attended the deceased from Apr 1944 to Oct 10 1947 that I last saw her alive on Oct 10 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to 93d	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature Royal C. McLean MD (M. D. or other)
Address Kirkwood Mo Date signed 10/16/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

#126 E. Jefferson
Ki - 1744
2-4 P.M.

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 Harold C. Kliks, Registered Apprentice No. 4, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.