S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1261

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas city, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 days (Specify whether
In this community — 86 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Brownington 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. "Rural" 1
(If rural, give location)
(e) Citizen of foreign country? — no. (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Delford Parks
3. (b) If veteran, name war — no
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
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 (Month) 29 (Day) 1933 (Year)

8. AGE: Years 14 Months 9 Days 54 If less than one day — hr. — min.

9. Birthplace Brownington (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation school boy
11. Industry or business —

FATHER
12. Name Hugh Parks 0
13. Birthplace Coal, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alma Westbrook
15. Birthplace Butler, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Hugh Parks
(b) Address Brownington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Mo.
18. (a) Signature of funeral director Conselus & Peck
(b) Address Clinton, Mo.
19. (a) 1-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 3 day
year 1948 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from ~~Oct~~ 8 1947 to ~~Jan 3~~ 1948 that I last saw him alive on ~~Jan 3~~ 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Acute hypothetic leukemia
Due to 5 months duration
Due to
Other conditions (Include pregnancy within 3 months of death) 74 W

Major findings:
Of operations
Of autopsy Same

Duration

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 0

23. Signature E. C. H. Schmidt (M. D. ~~or other~~)
Address Mercy Hospital Date signed 3 Jan 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address K.C. 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.