No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 2 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5953

State File No.

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 59

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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. Francois
(c) City or town Flat River,
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE PARKINS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Parkins
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May (Month) 7 (Day) 1861 (Year)

8. AGE: Years 76 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Washington County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Henry Mallow
13. Birthplace Washington County, Mo (City, town, or county) (State or foreign country)
14. Maiden name Jane Chapman
15. Birthplace Washington County, Mo (City, town, or county) (State or foreign country)
16. (a) Informant Raymond J. Parkins
(b) Address Festus, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Ceme
18. (a) Signature of funeral director SPARKS
(b) Address Flat River, Mo
19. (a) 2-24-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 th. year 1948 hour 3:35 minute A.M.

21. I hereby certify that I attended the deceased from Feb 19, 1948 to Feb 19, 1948 that I last saw h. alive on Feb 19, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (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 C H Epplberry (M. D. or other) MD
Address Flat River Mo Date signed 2-21-48

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

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

RECEIVED

District Health Officer No. 4

District File Number 348-290

Date Filed 3-1-48

SEP 21 1948

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River, M

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.