No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16127

FILED JUN 9 1948

Registration District No. 37 | Primary Registration District No. 5-5-13 | Registrar's No. 121

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leesville Twp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: all of life

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

3. (a) PRINT FULL NAME: EDITH, PEARL, PARKS.
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: FEMALE
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Walter L Parks
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Sept (Month) 3 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	10	2	..... hr. ..... min.

9. Birthplace: Henry Co (City, town, or county) Mo (State or foreign country) U
10. Usual occupation: House wife
11. Industry or business .....
MOTHER FATHER
12. Name: John Raney.
13. Birthplace: Henry Co (City, town, or county) Mo (State or foreign country) U
14. Maiden name: Mary E. DeLozier
15. Birthplace: Henry Co (City, town, or county) Mo (State or foreign country) U
16. (a) Informant: Walter Parks
(b) Address: Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Parks Chapel
18. (a) Signature of funeral director: Linsallee & Peck
(b) Address: Clinton Mo
19. (a) 6-5-48 (Date received local registrar) (b) R P Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 4 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-25 1948 to 6-5 1948 that I last saw him alive on 3-30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer uterus	3 m
with metastasis	
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: G D Walker (M. D. or other) M.D.
Address: Clinton Mo. Date signed 6-5-48

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. 7
District File Number 5-68-619
Date Filed 6-7-68

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.