

FILED JUN 16 1948

Registration District No. 338

Primary Registration District No. 6148

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Aid
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard /03
(c) City or town Aid 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George D. Parks
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20
year 1948 hour 9 minute 05 A.M.
21. I hereby certify that I attended the deceased from May 17
1948 to May 17, 1948.
that I last saw him alive on May 17, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Linda Parks 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 5 1866
(Month) (Day) (Year)

Immediate cause of death Left ventricular failure
Due to Chronic Myocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Weekley Co. Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Tom Parks
13. Birthplace Tenn. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Ann Pope Not known
15. Birthplace Not known " " 7
(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? _____
While at work? _____ (Specify type of place)
(e) Means of injury 2

16. (a) Informant Leslie Parks
(b) Address Aid, Mo.
17. (a) Burial (b) Date thereof 5-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harper Cemetery

23. Signature Gordon Chingfield (M. D. or other) D.O.
Address Bloomfield, Mo. Date signed 6-7-48

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.
19. (a) 6-11-48 (b) Paul Webb
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 13275

Date Filed 6-14-25

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, ^{and} or by

Ivan Cooper, Registered ^{Embalmer} ~~Apprentice~~ No. 4119
working under my personal supervision.

Signed Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.