DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22340

Registration District No. 43 Primary Registration District No. 4059 Registrar's No.

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Neelyville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 5 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Neelyville Mo 12
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Williams Parks
3. (b) If veteran name war
3. (c) Social Security No.
4. Sex M2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Parks
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased 5-1-1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 10 If less than one day hr. min.
9. Birthplace Bluftox Ark 1 (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Charlie Parks
13. Birthplace Yale County Ark (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Parks
(b) Address Gen Del Neelyville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Neelyville Mo
18. (a) Signature of funeral director Fred G Smith
(b) Address 212 Maid St Sikeston Mo
19. (a) 7/15/48 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11 year 1948 hour 3 minute A M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

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

131 B

PHYSICIAN
Underline the cause to 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? Means of injury 3
23. Signature Cover W Green Coroner (M. D. or other)
Address Poplar Bluff Mo Date signed 2/11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 244-90
Date Filed 7-19-90

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 Fred J Smith

Licensed Embalmer No. 4408

P. O. Address Sekeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.