FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23373

FILED JUL 21 1948

Registration District No. 160

Primary Registration District No. ~~4050~~ 5592

Registrar's No. 52

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Pevely Mo (Rural)
(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 Life
years, months or days)

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

3. (a) PRINT FULL NAME Alexander Lee Parks
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma Agnew Parks
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased February (Month) 4 (Day) - 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	29	hr. min.

9. Birthplace St Francis Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Lead Worker
11. Industry or business

FATHER
12. Name George M. Parks
13. Birthplace St Francis Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Cunningham
15. Birthplace Ste Genevieve Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. Parks
(b) Address Pevely Mo. R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Doe Run Odd Fellows Cem
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) July 8 1948 (Date received local registrar) (b) Cleora Belleville (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 7 minute 50 P M.
21. I hereby certify that I attended the deceased from 6-17-48, 19, to date of death, 19;
that I last saw him alive on 7/1/48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic renal failure	
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 Leonard J. Kopp (M. D. or other)
Address Herculaneum, Mo. Date signed 7/8/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 20 1948

JUL 2 8 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 Donald H. Vingard Registered Apprentice No. 71 working under my personal supervision.

Signed H. H. Vingard

Licensed Embalmer No. 3010

P. O. Address Festus Mo

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

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