

S. No. 300  
M-10-47  
Rev. 5-17-39  
I 3904

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED OCT 23 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **33352**  
Registrar's No. **42**

Registration District No. \_\_\_\_\_

Primary Registration District No. **4249**

**1. PLACE OF DEATH:**  
(a) County Jefferson  
(b) City or town Centerville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Cedar Grove Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Reynolds  
(c) City or town Centerville **90**  
(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** Robert Lafayette Parks  
**3. (b) If veteran,** name war no  
**3. (c) Social Security No.** none

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Ida  
**6. (c) Age of husband or wife if alive** 71 years  
**7. Birth date of deceased** Dec 20 1877  
(Month) (Day) (Year)

**8. AGE:** Years 75 Months 9 Days 23  
If less than one day hr. min.

**9. Birthplace** Centerville Mo. 1  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Politician

**11. Industry or business** County Politics

**12. Name** Andrew Parks

**13. Birthplace** Centerville Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name** Jane Bowler

**15. Birthplace** Centerville Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Ida Parks

**(b) Address** Centerville Mo.

**17. (a) Burial** (b) Date thereof Oct. 16 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place of burial or cremation** Rayfield Cemetery

**18. (a) Signature of funeral director** White Funeral Home  
(b) Address Centerville Mo.

**19. (a) 10-14-48** (b) William Mendenhall  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 13  
year 1948 hour 3:20 minute P.M.  
**21. I hereby certify that I attended the deceased from** Aug 1,  
1948, to Oct. 13 1948;  
that I last saw h. i. m. alive on Oct 13 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis, generalized, with chronic myocarditis, and cardiac insufficiency.  
Due to cardiac insufficiency.

gangrene dry, of left foot due to arterial insufficiency.

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy autopsy

**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 \_\_\_\_\_

**23. Signature** Thomas A. Donnell (M. D. or other) MD.  
Address DeSoto Mo. Date signed 10-13-48

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

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

Oct 22 1948

8

SE. 7 1949

**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 J. C. H. White

Licensed Embalmer No. 4295

P. O. Address Greenville, 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.**