

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 26 1948
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33841
Registrar's No. 332

Primary Registration District No. 3059

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River, Mo. 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. 406 Pine St. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Oct 8
1948 to Oct 9, 1948
that I last saw her alive on Oct 9, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white Cauc.
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mr. Joseph P. Parks
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 11 1888
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____

8. AGE: Years Months Days If less than one day
60 4 28 hr. _____ min. _____

9. Birthplace Dudricktown, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Mr. George Kinney 1
13. Birthplace Kales Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Sabin
15. Birthplace Kales Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph P. Parks
(b) Address 406 Pine St. Flat River, Mo.

17. (a) Burial (b) Date thereof Oct 12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis Memorial Park
Bonne Terre, Mo.

18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.

19. (a) 10-18-48 (b) Etheridge
(Date received local registrar) (Registrar's signature)

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. H. Stephens (M. D. or other) MD
Address Flat River MO Date signed 10.13.48

RECEIVED

Officer No. 4

Number 1048-132

10-25-48

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cass St. J.R. 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.