

No. 2  
-5-43  
5-17-39  
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED DEC 8 1948**

Registration District No. 15 Primary Registration District No. 2004 Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Barton

(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Piercy Emergency Rooms  
(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

**3. (a) PRINT FULL NAME** FRANK PARKS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Ada Brunwell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 13 1869  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>89</u>	<u>3</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Hickory County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Blind pensioner

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy E.

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Parks

(b) Address Hawthorne, Calif. 5158 W 119th

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

(c) Place: burial or cremation East Cemetery, Lamar, Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) NOV 16 1948 (b) Marie Konantz  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barton

(c) City or town Lamar  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 13  
year 1948 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from Oct. 15  
1948 to Nov. 13 1948  
that I last saw him alive on Nov. 12  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of 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)

23. Signature Dr. Guldner (M. D. or other) \_\_\_\_\_  
Address Lamar, Mo. Date signed 11/16/48

Duration 10 days

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

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 6;

District File Number 12-48-1335

Date Filed 12-6-48

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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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.