

3-40  
7-39  
X23159

FILED JUN 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19429

State File No. 11111

Registration District No. 31

Primary Registration District No. 5053

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Barry  
 (b) City or town Washburn, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
no  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community All of Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Barry  
 (c) City or town Washburn, Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Garland Lillard Park

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd  
 year 1941 hour 2.30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1933  
~~1933~~ 1933 to May 23rd 1941;  
 that I last saw him alive on May 23rd 1941;  
 and that death occurred on the date and hour stated above.

3. (b) If veteran, \* \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

Immediate cause of death

Essential or Primary Hypertension

Due to Stroke

Due to Hemorrhage

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

Other conditions (Include pregnancy within 3 months of death) None

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

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?  
9 A D

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Beau Newman (M. D. or other) 11

Address Cassville, Mo Date signed 6-22-41

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Ora Park  
 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 21 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 8 2 hr. \_\_\_\_\_ min.

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

10. Usual occupation Barber

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

12. Name J. J. Park

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

14. Maiden name Maggie Lillard

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

16. (a) Informant C. P. Park

(b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof May 25 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn Cemetery

18. (a) Signature of funeral director Horine & Culber

(b) Address Cassville, Missouri

19. (a) 6/4/41 (b) Freida Cottrell  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

Duration

unk

May 10-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 641-981

Date Filed JUN 16 1941

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

J. Gordon Bennett, Registered Apprentice No. 250  
working under my personal supervision.

Signed

[Signature]  
Licensed Embalmer No. 1414

P. O. Address [Address]

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.