

FILED JUL 21 1948

Registration District No. 100

Primary Registration District No. ~~1000~~ 5592

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Bevely, 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

3. (a) PRINT FULL NAME

Alexander Lee Parks3. (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 4 - 1875
 (Month) (Day) (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:

12. Name George M. Parks
 13. Birthplace St Francis Co. Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Jane Cunningham
 15. Birthplace Stellahovier Co. Mo. (I) (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. Parks
 (b) Address Bevely Mo. R. 1

17. (a) Burial (b) Date thereof July 6 - 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doc Run, Old Fellows Club

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) July 8, 1948 (b) Clara Belle Miller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Bevely, 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
 year 1948 hour 17 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.

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 15 2 1

Of autopsy 10

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? _____ Means of injury 0

23. Signature Howard J. Ross (M. D. or other)

Address Herndon Mo. Date signed 7/8/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

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

JUL 28 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. Ungar

Registered Apprentice No. *71*

working under my personal supervision.

Signed.....

Donald H. Ungar

Licensed Embalmer No. *3010*

P. O. Address.....

Festus

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.