

FILED JAN 27 1947

Registration District No. **236**

Primary Registration District No. **6128**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Shannon**
(b) City or town **Eminence (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
own home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **18 years**
(years, months or days)

3. (a) PRINT FULL NAME

Frederick E. Parks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m**

5. Color or race **w**

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

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **may 22 1876**
(Month) (Day) (Year)

8. AGE:

Years **70**

Months **7**

Days **15**

If less than one day
hr. _____ min. _____

9. Birthplace

(City, town, or county)

(State or foreign country) **Tenn**

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name **Thomas B Parks**

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

14. Maiden name **Barbara Ann Fry**

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

16. (a) Informant

John Parks

(b) Address

Van Buren Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

1-10-47
(Month) (Day) (Year)

(c) Place: burial or cremation

Bethel cemetery

18. (a) Signature of funeral director

Boston Pewitt

(b) Address

Van Buren Mo.

19. (a)

1-14-47
(Date received local registrar)

(b)

Neale Ross
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Shannon**
(c) City or town **Eminence (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 **Jan** day **7**
year **1947** hour **5** minute _____ P.M.

21. I hereby certify that I attended the deceased from

Jan 1, 1947 to Jan 7, 1947
that I last saw him alive on **Jan 5, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death

acute circulatory failure
Due to **senility - and chronic myocarditis**
Due to _____

Duration

?

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

93P

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?
(Specify type of place)

While at work? _____ (e) Means of injury **2**

23. Signature **Frank J. Rucinski** (M. D. or other) **D.O.**
Address **Van Buren Mo.** Date signed **1-12-47**

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

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 *Seaton Pruitt*.....

Licensed Embalmer No. *2287*.....

P. O. Address *Van Buren 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.