

FILED JUN 5 1946

17443

State File No. _____

Registration District No. 214

Primary Registration District No. 5792

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town High Point 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 years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
 (c) City or town High Point, Mo.
(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 _____

3. (a) PRINT FULL NAME

Susan Mollie Parks

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 (b) Name of husband or wife Elmer Parks 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Oct. 11, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 11
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 { 12. Name John Edward Reynolds
 { 13. Birthplace Louisville, Ky.
(City, town, or county) (State or foreign country)
 { 14. Maiden name W. Ann Williford
 { 15. Birthplace Wright County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. Ann B. Jones
 (b) Address C. C. Highway, Mo.
 17. (a) Buried (b) Date thereof 5-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright County Cemetery
 18. (a) Signature of funeral director Russell H. H. H.
 (b) Address Wright County, Mo.
 19. (a) 6-7-46 (b) C. H. Nail
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
 year 1946 hour Between 3-7 minute 7 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Due to arterial hypertension
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations § 30
 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) (e) Means of injury _____
 23. Signature H. O. Sumner, M.D. (M. D. or other) 3
 Address Wright County, Mo. Date signed 5/25/46

Duration _____
 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. 9,

District File Number.....

Date Filed 6-4-46

APR 26 1950

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 Hugo K. Schubert

Licensed Embalmer No. 2870

P. O. Address Russellville

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. TamkRegistration District No. 219Primary Registration District No. 5792Registrar's No. 7

1. PLACE OF DEATH:

(a) County moniteau
(b) City or town 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 _____
years, months or days)3. (a) PRINT
FULL NAMESusan M Parks3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F5. Color or
race W6. (a) Single, widowed, married,
divorced m6. (b) Name of husband or wife J. G. Parks6. (c) Age of husband or wife if
alive _____ year7. Birth date of deceased Oct 11
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68700 hr. 0 min.

9. Birthplace

(City, town, or county)

(State or foreign country) MO

10. Usual occupation

House wife

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof May 24 1946
(Month) (Day) (Year)(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director

(b) Address

19. (a) 6/7/46
(Date received local registrar)(b) C.H. Nail
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County moniteau
(c) City or town 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 May
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

17443