

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38634
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. 3516 Summit St.
 (e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4398

2. PRINT FULL NAME John W. Parker

(a) Residence, No. 3536 Baltimore St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeannette Parker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	4	11	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Telegrapher</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Frisco R. R.</u>
10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Brooklyn (STATE OR COUNTRY) N. Y.

FATHER 13. NAME John Parker

14. BIRTHPLACE (CITY OR TOWN) U. S. A. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) No record (STATE OR COUNTRY)

17. INFORMANT John A. Parker (ADDRESS) 3536 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Nov. 17 1939

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home (ADDRESS) K. C., Kansas

20. FILED Nov 17 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) No vember 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Nov. 15, 1939

I last saw him alive on Nov. 15, 1939. Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis with repeated cerebral hemorrhages. J. J. V.

Other contributory causes of importance: Terminal Broncho-Pneumonia Prostatic hypertrophy

Name of operation none Date of none
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify none

(Signed) Jeannette, M. D.
 (Address) 1318 Bogart Bldg K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X (8603)

J. Harney Jannett
1215 Bryant Ridge

443 E 35th Kc 6404

First Training in a nursing

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..... *J Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address.....

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, above space should be left blank.