

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Trinity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital of institution 8 Days
(Specify whether
In this community 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit: write "RURAL")
(d) Street No. 1010 Brooklyn Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. - years.

8. (a) PRINT FULL NAME Mrs. May Logan Parks 620

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. A. L. Parks 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 9 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 22 hr. min.

9. Birthplace Bedford County Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

12. Name Littleberry Logan

18. Birthplace Lincoln County Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mary Parker

16. Birthplace Bedford County Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. L. Parks

(b) Address 1010 Brooklyn Avenue

17. (a) Burial (b) Date thereof June 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. W. Newcomer's son

(b) Address 1401 Brush Creek Blvd

19. (a) June 3, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1940 hour 9 minute 38 P. M.

21. I hereby certify that I attended the deceased from May 27, 1940, to June 1, 1940
that I last saw her alive on June 1st, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Generalized peritonitis 6 days
2. Infected degenerated pus
Due to Peritonium fibrat of uterus 1.2 mch
3. Acute salivary
Due to Acute salivary
Other conditions 54.0
(Include pregnancy within 3 months of death)

Major findings: Infected degenerated
Of operation Peritonium fibrat
Of autopsy 1-2-3-4,

Duration
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Wm. H. Timely (M. D. or other)
Address Trinity Hospital Date signed 6-2-40

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

Wm. J. Page
.....
Licensed Embalmer No. *4128*

P. O. Address *1309 Birch Creek K*

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.