

Registration District No. **399**

Primary Registration District No. **1002**

**I. 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: **K.C. General Hosp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 3 hours** (Specify whether  
In this community **50 yrs**  
years, months or days)

3. (a) PRINT FULL NAME **William Parker 626**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **495-09-4486**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 13 1881**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **25** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Independence Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Surveying**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **William Parker**  
13. Birthplace **Jackson Co. Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Katherine Parker**  
15. Birthplace **County Galway Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Stephen Parker**  
(b) Address **Blue Springs, Mo.**

17. (a) **Burial** (b) Date thereof **June 10 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Indep**

18. (a) Signature of funeral director **Bob Mitchell**

(b) Address **Independence, Mo.**

19. (a) **June 10, 1940** (b) **m.m. Ervine**  
(Date received local registrar's report) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Central Hotel, 12th & Central**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **8th**  
year **1940** hour **2** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **June 8th 1940** to **June 8th, 1940**, 19\_\_\_\_  
that I last saw him alive on **June 8th, 1940**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to \_\_\_\_\_ **9482**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **None**

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 **E. F. De Marco M.D.** (M. D. or other)

Address **Supt. K.C. Gen. Hospital, K.C. Mo.** Date signed \_\_\_\_\_

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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Henry J Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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, above space should be left blank.**