

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:  
5231 Brighton  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)  
 In this community 17 years

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. 5231 Brighton  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME MRS. ALTHA VIOLA PARKER

3. (b) If veteran, name war No 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 William S. 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased March 6th 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 8 17 hr. min.

9. Birthplace Deepwater Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business  
 MOTHER FATHER { 12. Name James T. Haskins  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Susan Hill  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. S. Parker  
 (b) Address 5231 Brighton  
 17. (a) Burial (b) Date thereof 11-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eads Bros. Funeral Home  
 (b) Address 1416 Minnesota Ave.

19. (a) 11-25-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd  
 year 1940 hour 5 minute 38 A.M.

21. I hereby certify that I attended the deceased from 10-7-38, 19  , to 11-23-40, 19  ;  
 that I last saw her alive on 11-23-40, 19  ;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death carcinoma of lung and cardiac decompensation

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Due to  
 Due to  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 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 Mary R. Shaw (M. D. or other)  
 Address K.C. General Hospital Date signed 11-25-40

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

RECORDED DEC 11 1940

**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 O. W. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kans. City Kans

**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.**