

Registration District No. 299

Primary Registration District No. 10-2

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 35 Yrs.
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 limits, write "RURAL")
(d) Street No. 3721 Park
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EARL PARKER

3. (b) If veteran, name war No. 3. (c) Social Security No. 493-12-1119

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

6. (b) Name of husband or wife Ethel Parker 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased. Febr. 2 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Bellunion / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business _____

MOTHER FATHER { 12. Name Joel Parker
13. Birthplace Bellunion / Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Keller
15. Birthplace Bellunion / Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Truskey
(b) Address Belton Mo.

17. (a) Burial (b) Date thereof 3-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 3/8/41 (b) M. M. Brown
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th
year 1941 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-4-41 1941 to 3-6-41 1941
that I last saw him alive on 3-6-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage left

Due to Stroke

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

Major findings: Of operations _____

Of autopsy None

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. R. Shon (M-D. or other) _____
Address Med. Dir., K.C. Gen. Hospital Date signed _____

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

48
3
8

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.....

Chas Wilks

Licensed Embalmer No. *2644*

P. O. Address *1507 Pinwood*

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.