

FILED AUG 16 1941

State File No.

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 2696

1. PLACE OF DEATH:
 Jackson
 (a) County.....
 (b) City or town..... Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
421 S. Gladstone
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community, 45 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Jackson 048
 (a) State..... (b) County.....
 (c) City or town..... Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 421 S. Gladstone
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ARTHUR ROZELLE PARKS
 3. (b) If veteran, name war..... No
 3. (c) Social Security No..... No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 16, year 1941 hour 3 minute 45 A.M.

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife..... Mary
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Feb. 3, 1864
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 9, 1941, to July 16, 1941; that I last saw him alive on July 16, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 5 13 hr. min.

Immediate cause of death Arteriochleritis 5720
 Duration

9. Birthplace Boone Iowa 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Retired Building contractor

Due to Haemorrhage of Brain
 Due to 930

11. Industry or business Self.

Other conditions (Include pregnancy within 3 months of death)
930

MOTHER FATHER
 12. Name Samuel J. Parks,
 13. Birthplace England 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret McCall
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations No
 Of autopsy No
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ben Naylor
 (b) Address 421 S. Gladstone
 17. (a) Burial (b) Date thereof July 18, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

18. (a) Signature of funeral director C. H. Iackman & Son, Inc.
 (b) Address 2825 Indep. Blvd. K. C. Mo.
 19. (a) July 18, 1941 (b) M. M. Crowl
 (Date received local registrar) (Registrar's signature)

(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?
 (Specify type of place) While at work? (e) Means of injury.
 23. Signature P. T. St. Clair (M. D. or other) 11
 Address 5242 Maple Date signed 7/16-41

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

28
0630

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.....

A. D. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

1601 W

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.