

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40867
State File No. 4543
Registrar's No.

FILED JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

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: 5231 BRIGHTON
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State MISSOURI (b) County JACKSON 3
 (c) City or town KANSAS CITY 2
 (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.? 0 years.

3. (a) PRINT FULL NAME WILLIAM S PARKER
 (b) If veteran, name war NO
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC day 7
 year 1941 hour 10 minute 15 P. M.

4. Sex 0 MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced 2 WIDOWER
 (b) Name of husband or wife Alpha Viola Parker
 (c) Age of husband or wife if alive -- years
 7. Birth date of deceased: JUNE 25 1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 12, 1941, to Nov. 11, 1941; that I last saw him alive on Nov. 11, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	75 74	5	12	hr. min.

Immediate cause of death Coronary thrombosis
 Duration
 Due to g4a
 Due to

9. Birthplace: GREEN COUNTY MO 11
 (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

Other conditions: none
 (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name UNKNOWN
 13. Birthplace UNKNOWN 4
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN 4
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant Cecil Parker
 (b) Address 5231 Brighton

17. (a) Burial (b) Date thereof 12-9-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah

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?

18. (a) Signature of funeral director Eads Bros. Rellie H. Eads
 (b) Address 1416 Minnesota

(Specify type of place) While at work?
 (c) Means of injury
 23. Signature Rellie H. Eads (M. D. or other) 0 20
 Address 5400 Independence Mo Date signed 12/8/41

19. (a) 12/8/41 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

Ken Hoop

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 Rollie M. Eads

Licensed Embalmer No. 2381

P. O. Address Kansas City, Kan

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.