V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25575

Registration District No. 875 31,0 Primary Registration District No. 6162-6225 Registrar's No. 62

108

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Washington Township (If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: State H. No 3 (If not in hospital or institution, write street number or location) Nevada
(d) Length of stay: In hospital or institution 1 yr 9 mos 13 dys. In this community 1 yr. 9 mo - 13 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas city (If outside city or town limits, write "RURAL")
(d) Street No.: Route 2. Blue Ridge & Sycamore (If rural, give location)
(e) Citizen of foreign country? None (Yes or No) If yes, name country (N)

3. (a) PRINT FULL NAME: DONALD GRAY PARKER
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
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: May (Month) 9th (Day) 1909 (Year)

8. AGE: Years	Months	Days	If less than one day
33	1	22	hr. min.

9. Birthplace: Leavenworth (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: None
11. Industry or business:
MOTHER FATHER
12. Name: O THA E Parker
13. Birthplace: Kansas (City, town, or county) (State or foreign country)
14. Maiden name: KATIE L. DOHRN
15. Birthplace: Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: State Hospital Nevada
(b) Address: Nevada, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Muncie Cemetery, Leavenworth Ks.
18. (a) Signature of funeral director: [illegible]
(b) Address: Kansas City Mo
19. (a) July 2 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1942 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 18th, 1941, to July 1st, 1942 that I last saw him alive on July 1st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	6 dys.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No autopsy	

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? (Specify type of place)
(e) Was at work? (f) Means of injury
23. Signature: G. S. Waraich (M. D. or other)
Address: Nevada, Mo Date signed 7/1/42

1231 (Licensed Embalmer's Statement on Reverse Side)

~~Jos. A. Eckler~~
~~Kansas City, Mo.~~

RECEIVED
District Health Officer No. 7
District File Number 8-42-848
Date Filed 8-6-42

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 Emile M. Calhoun ~~Jos. A. Eckler~~

Licensed Embalmer No. 3506

P. O. Address Kansas City 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, fact should be so stated above.