

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 3809

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Vineyard Park Hospital
(d) Length of stay: In hospital or institution 8 Weeks
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 524 Hardy Ave
(d) Street No. 524 Hardy Ave K.C. P.O. Box
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Mrs. Elizabeth Bell 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, Widowed
6. (b) Name of husband or wife James H. Parker 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Sept 24 1918

8. AGE: Years 87 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Martin Engeland

10. Usual occupation Hospital

11. Industry or business

MOTHER FATHER
12. Name Thomas W. Bell
13. Birthplace Martin Engeland
14. Maiden name Don't know
15. Birthplace 9

16. (a) Informant J. B. Parker
Address 2535 W. Prospect

17. (a) removal (b) Date thereof Oct 17 1942
(c) Place: burial or cremation Palmyra Nebraska

18. (a) Signature of funeral director W. Mitchell
(b) Address Independence, Mo

19. (a) 10-15-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1942 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 1915 to Oct 14 1942
that I last saw her alive on Oct 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelo nephritis

Due to Takes Dorsals and Semitry.

Due to 2/10

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of 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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Herbert F. Tuttle (M. D. or other)
Address 1211 Rialto Bldg Date signed

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry S. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep 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.