

FILED MAR 5 1943

State File No. ....

1004

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

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 Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days (Specify whether  
In this community 20 Years (Specify whether  
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. 4016 Highland Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Josephine Henrietta Parks  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 24th  
year 1943 hour 7 minute 05 A. M.  
21. I hereby certify that I attended the deceased from Feb 18th 1943 to Feb 24 1943  
that I last saw her alive on Feb 24 1943  
and that death occurred on the date and hour stated above.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband Mr. John Miller Parks  
(c) Age of husband or wife if alive 52 years

Immediate cause of death  
Acute coronary post infarction  
myocardial infarction  
gangrene  
Due to 12/11

8. AGE: Years Months Days If less than one day  
54 8 12 hr. min.

Due to acute suppurative  
pharyngitis  
Chronic thyroid  
Other conditions Chronic thyroid  
(Include pregnancy within 1 month before death)

9. Birthplace Jefferson City Missouri  
(City, town, or county) (State or foreign country)

Due to acute suppurative  
pharyngitis  
Chronic thyroid  
Other conditions Chronic thyroid  
(Include pregnancy within 1 month before death)

10. Usual occupation Housewife

Major findings: Acute gangrene  
Of operations appendectomy  
Of autopsy no

11. Industry or business ----

12. Name Benjamin Backers

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Dulle

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Parks

(b) Address 310 W. 75

17. (a) (b) Date thereof Feb. 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-26-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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 M. M. Brown (M. D. or other)  
Address 310 W. 75 Date signed 2/26/43

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

MOTHER FATHER

218 W. 1st St  
2-4-31  
M. 5-15-0  
Medical Society

501533

**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 C. Hervey Dunsenber  
Licensed Embalmer No. 4070  
P. O. Address K C 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.**