

FILED MAY 6 1943
Registration District No. 149

Primary Registration District No. 1002

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

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: K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 59 Years

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. Pickwick Hotel
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME Wade Mr. David Parker

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Mrs. Ida May McKibben Parker

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased February 8 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>13</u>	hr. <u>----</u> min.

9. Birthplace Bentonville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Deputy - Retired

11. Industry or business Circuit Clerk's Office

MOTHER FATHER

12. Name Isaac Parker

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

14. Maiden name Unknown

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

16. (a) Informant Richard M. Parker

(b) Address 1308 Buchanan Topka, Kansas

17. (a) Burial (b) Date thereof Apr. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. V. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-22-43 (b) M. M. Cosme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1943 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 4-18-43, 19... to 4-21-43, 19...;

that I last saw him alive on 4-21-43, 19... and that death occurred on the date and hour stated above.

Immediate cause of death ENCEPHALOMALACIA

Due to 830

Due to -----

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

Major findings: Of operations

Of autopsy See above

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? -----

Duration -----

PHYSICIAN -----

Underline the cause to which death should be charged statistically.

23. Signature Dwight K. Shaw (M. D. or other) M.D.

Address Med. Dir. K.C. Gen. Hospital Date signed 4/23/43

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 Quisenberry

Licensed Embalmer No. 4070

P. O. Address NC Ms

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.