S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13349

FILED MAY 3 1943

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 1618

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: 2455 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 27 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2455 Brooklyn
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Hattie Parker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Tom Parker

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

7. Birth date of deceased February (Month) 14 (Day), 1893 (Year)

8. AGE: Years 50 | Months 1 | Days 17 27 | If less than one day hr. min.

9. Birthplace Scott (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Ed Wilson
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Anna Williams
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Esther Green

(b) Address 120 Troupe, Kansas City, Kansas

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/5/43 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 4-5-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1943 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from ~~Apr~~ March 30, 1943, to Apr 1st, 1943 that I last saw her alive on Apr 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to ✓ 83 w

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

Major findings:
Of operations ✓

Of autopsy none

Duration

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)

While at work? ✓ (e) Means of injury ✓

23. Signature M F Sewell (M. D. or other) MD

Address 1722 W 39th Date signed 4-3-43

561 (Licensed Embalmer's Statement on Reverse Side)

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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2523 Highland

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.