

S. No. 2  
M-243  
5-17-39  
I X35997

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20546

State File No.

2706

Registration District No. 1002

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:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5/22-6/12/43  
(Specify whether  
In this community 18 years  
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. 2801 Linwood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAGGIE PARKS

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

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Will Parks  
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 12 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 20 Days 8 If less than one day hr. min. 0

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

10. Usual occupation Housewife

11. Industry or business

12. Name Gilbert Alexander  
13. Birthplace W. Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Jackson  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof June 15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West, K. Spletter, Jr.

(b) Address 1905 V. Ave. St.

19. (a) 6-15-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 22, 1943 to June 12, 1943.  
that I last saw her alive on June 12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Accident

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature D. E. Brown (M. D. number) \_\_\_\_\_

Address Bur. Hosp. #2 - K.C. Mo. Date signed 6-14-43

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.