S. No. 2
M—2-43
5-17-39
I X35697

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. F 37446

Registration District No. FILED DEC 3 1943 9

Primary Registration District No. 1002

Registrar's No. 4756

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: 4113 Troost /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 25 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. 4113 Troost,
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Fred Harold Parker

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Gertrude Mae Parker

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

7. Birth date of deceased November (Month) 28 (Day) 1881 (Year)

8. AGE: Years 61 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation Retired

11. Industry or business x

FATHER
12. Name Albert C. Parker,
13. Birthplace Iowa, / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Johnston
15. Birthplace Iowa / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Mae Parker,
(b) Address 4113 Troost, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-10-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th year 1943 hour 10?15 minute p. M.

21. I hereby certify that I attended the deceased from Sept. 1941 to Nov. 8 1943 that I last saw him alive on Nov. 1 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture of Aneurism of Aorta	26 months
Due to (Proved by X-ray Sept. 1941	
Due to (Syphilitic) 30d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) None
(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 Kenneth A. Davis (M. D. or other) M.D.
Address 201 Plaza Theatre Bldg Kansas City, Mo Date signed 11-10-43

361 (Licensed Embalmer's Statement on Reverse Side)

Dr. Kenneth Davis
Plaza Place Bldg

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 John H. Hurley

Licensed Embalmer No. 4050

P. O. Address Kansas City, 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.