

FILED FEB 28 1944  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 80

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 No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 10-22-43-1-1-44  
(Specify whether  
In this community... 51 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. 582 Troost  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JESSE C. PARKER

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

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

6. (b) Name of husband or wife Anderson 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased June 13, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 6 17 hr. min.

9. Birthplace Gentry Co. No. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business.....

12. Name Andrew Parker

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

14. Maiden name Helen Monroe

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 8

17. (a) Burial (b) Date thereof 1-8-44  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln K. Crew

18. (a) Signature of funeral director Flinty + Street

(b) Address 1819 E. 15th St. K. Crew

19. (a) Jan 7 1944 (b) Registrar's signature J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1  
year 1944 hour 4 minute P. M.  
October 22

21. I hereby certify that I attended the deceased from October 22  
1943 to January 1 1944  
that I last saw h. im alive on January 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Anemia and Cachexia

Due to Arteriosclerotic heart disease

Due to Arteriosclerotic Psychosis

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) (e) Means of injury.....

23. Signature J. E. Brown M. D. or other

Address Gen Hosp. #2 600 E 22 Date signed 1/4/44

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

5697

**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..... *W. G. Johnson*

Licensed Embalmer No. *2211*

P. O. Address *1819 E. 15th*

**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.**