

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11178

State File No.

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 10

1. PLACE OF DEATH: washington
(a) County Jackson
(b) City or town Lawrence Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Armour Memorial Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 80 years.
years, months or days (Specify whether)

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. Armour Memorial Home,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes/No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Ada Carver Park
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed.
6. (b) Name of husband or wife William O. Park, 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased December 8 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 27 hr. min.

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

10. Usual occupation at home.

11. Industry or business X

12. Name James W. Stanford,

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

14. Maiden name Mildred Carver,

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

16. (a) Informant Armour Memorial Home Records,

(b) Address 81st and Wornall Rd., K. C., Mo.

17. (a) Burial (b) Date thereof 3-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) mch 2-44 (b) W. R. Lindsey
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29th
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 1 - 1936 to July 29 1944
that I last saw h. ll alive on July 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 W. R. Lindsey (M. D. or other) _____

Address 636 Argyle St Date signed 2-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. Annie S. Hodges (Licensed Embalmer's Statement on Reverse Side)

Dr. Cantrell

*Dr. Cantrell
12-1-1914
P. O. Box*

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. Shirley*

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.