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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4567

Registration District No. 149

Primary Registration District No. 1002

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

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:
4832 EAST 6TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 22 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. 4832 EAST 6TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. JOHN MILLER PARKS
3. (b) If veteran, name war NO
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER Day 8TH
year 1944 hour _____ minute P.M.

4. Sex MALE
5. Color of race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LILLY MAY PARKS
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased: DECEMBER 20 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 4 1944 to Nov 8 1944
that I last saw him alive on Nov 8 1944
and that death occurred on the date and hour stated above.

8. AGE: 52 Years 10 Months 18 Days
If less than one day _____ hr. _____ min.

Immediate cause of death: Lobar Pneumonia
Duration 4 days

9. Birthplace SHERIDAN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 108

10. Usual occupation MAIL CLERK

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business RAILWAY MAIL SERVICE

12. Name EDWARD PARKS

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

14. Maiden name KATHERINE MILLER

15. Birthplace NEAR LOWELL INDIANA
(City, town, or county) (State or foreign country)

16. Informant Mrs. Geo. M. Parks
Address 4832 East 6th St.

17. (a) CREMATION (b) Date thereof NOV-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremations D.W. NEWCOMER'S SONS
1401 BRUSA CREEK BLVD
11-13-44 (d) T. E. Brown
(Date received local Registrar) (Registrar's signature)

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 0
23. Signature P. L. St. Clair (M. D. or other) _____
Address 3242 St. John Date signed 11-9-44

5243 H. John
2-5-

AUG 23 1945

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 A. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address H. C. Mrs.

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.