

FILED JAN 17 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 35

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:  
615 ELMWOOD 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 15 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. 615 ELMWOOD STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS BERNEICE ANNA PARK

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

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. WILLIAM CHAYTON PARK  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased JUNE 16 1901  
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation CHECKER

11. Industry or business CRYSTAL PRODUCTS CO

12. Name JOHN NORRIS

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

14. Maiden name LOUISE E. DICKEY

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

16. (a) Informant Mr. William C. Park

(b) Address 615 Elmwood Street

17. (a) Burial (b) Date thereof 1-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director D. W. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-4-45 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JANUARY day 3 year 1945 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov. 2-1944 to Jan. 3-1945 that I last saw her alive on Jan. 3-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple emboli Pulmonary edema  
Due to \_\_\_\_\_

Due to 940

Other conditions myocardial infarction, Auricular Fibrillation  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C. J. Schindler (M. D. or other) D.O.  
Address 421 Shubert Bldg. Date signed 4-4-45

Duration 12/29/44

1/2-44

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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

421  
9-12-01  
1989  
1115

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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 Elmer Hottel

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**