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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36333

FILED NOV 26 1945

Registration District No. 1996 Primary Registration District No. 1002 Registrar's No. 4617

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 #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11/6/45-11/8/45 (Specify whether
In this community Over ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2104 E.11th Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Scott Parker

3. (b) If veteran, name war no

3. (c) Social Security No. 490-16-8135

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Zillie Parker

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December (Month) 24, (Day) 1898 (Year)

8. AGE: Years 46 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Presser

11. Industry or business Cleaning and Pressing Establishment

FATHER
12. Name William Parker
13. Birthplace Quindaro (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Lucy Fields
15. Birthplace Platte City (City, town, or county) MO. (State or foreign country) 0

16. (a) Informant Nannie Dunn
(b) Address 1007 Highland ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West Appleton Jones
(b) Address 1905 Vine St

19. (a) 11-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8, year 1945 5 hour 6:20 A.M. minute M.

21. I hereby certify that I attended the deceased from November 6, 1945 to November 8, 1945 that I last saw him alive on November 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Vascular Accident

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a

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?
(Specify type of place)

(e) While at work? (f) Means of injury

23. Signature G. C. Turner (M. D. or other)
Address General Hospital #2 Date signed 11/8/45

(Licensed Embalmer's Statement on Reverse Side)

DEC - 5 1945

DEC 1 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.....

Licensed Embalmer No. 2710

P. O. Address K.C. 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.