

Registration District No. **149**

Primary Registration District No. **1002**

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 **1 hour** (Specify whether
 In this community **4 years**
 years, months or days)

3. (a) PRINT FULL NAME **Etta Mae Parker**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Fe** **3** **5. Color or** **Col** **6. (a) Single, widowed, married,** **Married**
race divorced
6. (b) Name of husband or wife **Raymond Parker** **6. (c) Age of husband or wife if** **47**
alive years
7. Birth date of deceased **August 12 1899**
(Month) (Day) (Year)

8. AGE: Years **46** Months **4** Days **20** If less than one day
 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John T. Harvey**
13. Birthplace **Arrow Rock Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mariand Fennel**
15. Birthplace **Roach Port Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Parker**
(b) Address **3602 Bellaire**

17. (a) removal **(b) Date thereof** **1/6/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arrow Rock, Missouri**

18. (a) Signature of funeral director **Holkins Bros.**

(b) Address **1729 Lydia**

19. (a) 1-5-46 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3602 Bellaire** **8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **2**
 year **1946** hour **11** minute **35** **A.M.**

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19 **46**;
 that I last saw him alive on **19**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Pneumonia** **2 dys.**
Influenza **2 wks**
 Due to **Influenza** **2 wks**

Other conditions **330**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy **No-Permit**
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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Deputy Coroner**
 (Specify type of place) (e) Means of injury
23. Signature **H. Williams** **(M. D. or other)**
 Address **2636 Brooklyn** Date signed **1-5-46**

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

1172

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

J. Manlove

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.