

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JAN 21 1945

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 hrs. 25 mins**
(Specify whether 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. **9901 E. 9 St.**
(If rural, give location)

(e) Citizen of foreign country? **(Yes or No)**
If yes, name country _____

3. (a) PRINT FULL NAME **Patricia Ann Parker Infant**

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** **single**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased **Dec. 2, 1945**
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
					3 hr. 25 min.

9. Birthplace **Kansas City, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business _____

12. Name **Roy Gilbert Parker, Jr.**

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

14. Maiden name **Frances Elder**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 1**

17. (a) Burial **(b) Date thereof** **1-11-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Reburied**

18. (a) Signature of funeral director **Wm A. Johnson**

(b) Address **City, Missouri**

19. (a) 12-31-44 **(b) E. Waldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **3** year **1945** hour **12** minute **55 A.** M.

21. I hereby certify that I attended the deceased from **Dec. 2** 19**45** to **Dec. 3** 19**45**
that I last saw her alive on **Dec. 3** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to _____
Due to _____

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

Major findings: **159**

Of operations _____

Of autopsy **None**

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? _____

While at work? _____ **(Specify type of place)** _____ **(e) Means of injury** _____

23. Signature **Clark W. Sealy, M.D.** **(M. D. or other)**

Address **Med. Dir. Gen'l Hosp.** **12-3-45**
Date signed.

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

109367

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.....

Wm A. Linn

Licensed Embalmer No.....

3089

P. O. Address.....

150 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.