

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33711**
Registrar's No. **4181**

FILED OCT 16 1946

Registration District No. **179** 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:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **ALL HIS LIFE** (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. **452 East Meyer Boulevard**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **David B. Park**
3. (b) If veteran, name war **NO.**
3. (c) Social Security No. **480-05-4512**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **2** year **1946** hour **10:00** minute **P.** M.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mrs. Adelee Park**
6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **February 8 1894**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **February 22, 1945 to October 2, 1946**
that I last saw him alive on **October 2, 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **52** Months **7** Days **21** If less than one day **hr. min.**

Immediate cause of death **Coronary Heart Failure**
Due to **Coronary atherosclerosis**
Cardiac Infarct
Due to **Hypertension**
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Kansas City, Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Financial Editor**
11. Industry or business **Kansas City Star**

Major findings: Of operations **94a**
Of autopsy **as above.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **Thomas Park**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Frances Louise**
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Adelee Park**
(b) Address **452 E. Meyer Blvd., K. C., Mo.**
17. (a) **burial** (b) Date thereof **10-4-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Dorset Hill**

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?

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **10-3-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature **H. P. Boynton** (M. D. **XXXXXX**)
Address **315 Alameda Rd., K. C., Mo.** Date signed **10/3/46**

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

Dr. ~~Robert~~ Boughnow

Flora Muel

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. Clair Shippard*
Licensed Embalmer No. *4175*
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.