

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33713

FILED OCT 28 1946

State File No. _____
Registrar's No. **4336**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 111 Olive 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 111 Olive
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME John Lee Parker
3. (b) If veteran, name war no 3. (c) Social Security No. XXX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 15
year 1946 hour 4:00 minute A.M.
21. I hereby certify that I attended the deceased from January 8
1946 to March 20, 1946
that I last saw him alive on March 2, 1946
and that death occurred on the date and hour stated above

4. Sex Male 5. Color or White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Louise Parker
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 11 1863
(Month) (Day) (Year)

Immediate cause of death Myocardial failure Duration 9 mo
Due to Hypertensive Heart Disease 6 yrs

8. AGE: Years 83 Months 2 Days 2 If less than one day
hr. _____ min. _____

Other conditions none
(Include pregnancy within 3 months of death)

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

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Laber

11. Industry or business Laber

12. Name Unkown

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

14. Maiden name unkown

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

16. (a) Informant Mr. Ed. Parker
(b) Address 111 Olive K.C. Mo

17. (a) Removal (b) Date thereof Oct 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope K.C. Kansas

18. (a) Signature of funeral director Morton Smith
(b) Address 832 Armour Rd, N.K.C. MO

22. If death was due to external causes, fill in the following:
(c) 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 2
23. Signature Dr. G. C. Crockett (M. D. or other) D.O.
Address 5632 Indep ave Date signed 10-15-46

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

MOTHER FATHER

K.C. MO

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 Theron O Smith
Licensed Embalmer No. 3928
P. O. Address Waltham 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.