. S. No. 2
DM—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1260

Registration District No. 799 — Primary Registration District No. 1002 — Registrar's No. 202

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: 5331 Highland, Little Sisters of Poor (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months (Specify whether
In this community 62 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 0 (If outside city or town limits, write "RURAL")
(d) Street No. R.R.# 8 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mary A. Parker
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 Widow 2
6. (b) Name of husband or wife George D. Parker
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 6 (Month) 28 (Day) 1885 (Year)

8. AGE: Years 62 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Charles Brucker
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Josephine Heimann
15. Birthplace (City, town, or county) Poland (State or foreign country) 4
16. (a) Informant Mrs. Clara Schultz
(b) Address R.R.# 8 North K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove, Indep. Mo.
18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City Mo.
19. (a) 1-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1948 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 4 months 19 , to 19 ; that I last saw her alive on 11 Jan 1948 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Right Lobar	5 days
Due to	
Due to Arteriosclerosis Myocardosis	Yrs days
Other conditions deaf & dumb (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 108

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature D. McGlum Elliott M.D. (M. D. or other)
Address 1102 Grand, KC6 Mo Date signed 12 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Raymond Elliott
Bryant Bldg.
Hc 3761
6234
Rec 6997
2-4-
1402 Bryant Bldg

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn 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.