S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5016

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 872

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

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: 623 Charlotte / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 44 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 623 Charlotte 8 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Parker
3. (b) If veteran, name war No
3. (c) Social Security No. Unk.
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Georgia Parker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 2, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	11	13	hr. min.

9. Birthplace Glasgow, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Charlie Parker
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Joella Bush 1
(b) Address 2216 East 12th St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation K.C. College of Osteopathy
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave.
19. (a) 2-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Deputy 19 to Coroner 19; that I last saw alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory Failure	
Due to Broncho-Pneumonia	
Due to Influenza	
Other conditions (Include pregnancy within 3 months of death) 330	
Major findings: Of operations	
Of autopsy No-Permit	

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)
While at work? (e) Means of injury
23. Signature J. Williams (M. D. ~~or other~~) D.C.
Address 2636-Brooklyn Date signed 2-24-48

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

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 L. Jerome Maslowe

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.