

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16468**
Registrar's No. **2296**

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community From 1939
years, months or days (Specify whether)

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. 4112 Highland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James F. Park
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month May day 29
year 1948 hour 9 minute 28 A.M.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. FRANCES L. PARK
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased NOVEMBER 24 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28 1948 to May 29 1948
that I last saw him alive on May 29 1948
and that death occurred on the date and hour stated above.

8. AGE:
Years 82 Months 6 Days 5
If less than one day hr. min.

Immediate cause of death
congestive heart failure
arteriosclerotic heart disease

9. Birthplace INDIANA
(City, town, or county) (State or foreign country)
10. Usual occupation CARPENTER

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

MOTHER FATHER
11. Industry or business
12. Name FRANCIS' PARK
13. Birthplace KENTUCKY
(City, town or county) (State or foreign country)
14. Maiden name SARAH UNKNOWN
15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

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) (c) Means of injury

16. (a) Informant Mrs. Nora Hays
(b) Address 4112 Highland Avenue
17. (a) BURIAL (b) Date thereof JUNE 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEMETERY
18. (a) Signature of funeral director D. H. Newcomer, Jr.
(b) Address 1401 Brush Creek Blvd.
19. (a) 6-1-48 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Tom W. Holt (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 5-29-48

Dr. Barry

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 Bernard L. Moran
Licensed Embalmer No. 4250
P. O. Address W 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.