

FILED NOV 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33658 Registrar's No. 3966

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (In this place) 62 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 2311 Bellefontaine

3. NAME OF DECEASED (Type or Print)
 a. (First) James b. (Middle) O. c. (Last) Parker
 4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH 9-28-87 9. AGE (In years last birthday) 62 10. UNDER 1 YEAR (Months) (Days) 11. UNDER 24 HRS. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter
 10b. KIND OF BUSINESS OR INDUSTRY Dabner Grocery
 11. BIRTHPLACE (State or foreign country) Kansas City, Missouri
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Parker 13b. MOTHER'S MAIDEN NAME Mattie 14. NAME OF HUSBAND OR WIFE Evelyn S. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I.
 16. SOCIAL SECURITY NO. 493-12-2741
 17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn S. Parker ADDRESS 2311 Bellefontaine

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
Reticular cell sarcoma, involving bronchus, lung, mediastinal lymph nodes, liver, pancreas, adrenals and spleen.
 ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 8 wks

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug. 7, 1950, to Sept. 17, 1950, that I last saw the deceased alive on Sept. 16, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robert Jansen, MD (Degree or title) 23b. ADDRESS 2220 E. 31st St 23c. DATE SIGNED 9-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 9-19-50 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. 9-18-50 REGISTRAR'S SIGNATURE Seraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.