

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 2641 Forest	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Ida	b. (Middle) Augusta	c. (Last) Parker	(Month) 1	(Day) 2	(Year) 51
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-6-1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Nurse		10b. KIND OF BUSINESS OR INDUSTRY Jefferson Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Miller	13b. MOTHER'S MAIDEN NAME Ann Miller	14. NAME OF HUSBAND OR WIFE Day Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary Stinson-2418 E. 67th Terr

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 45 ⁰⁰
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia hypostatic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Inanition		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26 1950, to Jan. 2 1951, that I last saw the deceased alive on Jan. 2 1951, and that death occurred at 2:40A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 1-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-4-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son K.C., Mo.
DATE REC'D BY LOCAL REG. 1-3-51	REGISTRAR'S SIGNATURE Geraldine Holmes	

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

B. Bennett

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 *Bert B. Bennett*

Signed.....
Student Embalmer

Licensed Embalmer No. *4656*

P. O. Address *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.