

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33768

State File No. _____

FILED OCT 20 1951

BIRTH NO. 69129-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1009 Registrar's No. 4220

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY
 c. LENGTH OF STAY (In this place) 20 hrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL #2

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) KANSAS CITY
 d. STREET ADDRESS (If rural, give location) 2443 FOREST

3418

3. NAME OF DECEASED (Type or Print) (INFANT)
 a. (First) _____ b. (Middle) _____ c. (Last) PARKER
 4. DATE OF DEATH (Month) (Day) (Year) OCT. 1 1951

5. SEX MALE 2 6. COLOR OR RACE NEGRO
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED ()
 8. DATE OF BIRTH 9-30-51
 9. AGE (In years last birthday) 9 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Min. _____ Sec. _____

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

13a. FATHER'S NAME _____ 13b. MOTHER'S MAIDEN NAME GRACE McKINNEY
 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
 16. SOCIAL SECURITY NO. NO
 17. INFORMANT'S SIGNATURE OR NAME GRACE PARKER ADDRESS 2443 FOREST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL TRAUMA AND INTRA-VENTRICULAR HEMORRHAGE
 ANTECEDENT CAUSES HEMORRHAGE
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 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 7 1/2

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 9 30 51, 1951, to 10-1-51, 1951, that I last saw the deceased alive on 10-1-51, 1951, and that death occurred at 6:30 AM from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title) _____ 23b. ADDRESS 600 E. 22nd ST. 23c. DATE SIGNED 10-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial () 24b. DATE Oct. 9, 51 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 10-4-51 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Manly Williams ADDRESS 1729 Lydia

(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.

Signed.....
Student Embalmer

Signed

J. J. Mantone

Student Embalmer No.....

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.