

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 10944

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>26479</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2519 Michigan</u> | | e. STREET ADDRESS (If rural, give location) <u>2519 Michigan 3398</u> | |

| | | | | | |
|---|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Parks</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 17 1953</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Colored</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar. Div. 3</u> | |
| 8. DATE OF BIRTH <u>1893-3-21</u> | | 9. AGE (In years last birthday) <u>59</u> | | 10. UNDER 1 YEAR Months Days <u>59</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Georgia</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Daniel Parks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Narcissa</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Roxie Parks</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>500-14-1995</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Mae Smith</u> | | 17. ADDRESS <u>K.C. Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | |

| | | | | | |
|---|--|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) <u>Obesity</u> | | | |
| ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) | | DUE TO (b) | | DUE TO (c) | |

| | | | | | |
|---|--|--|--|--|--|
| 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) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Thurs. 19 June 1953</u> and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Johnnie Mae Smith</u> (Degree of title) | | 23b. ADDRESS <u>1612 E 17th</u> | | 23c. DATE SIGNED <u>2/18/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-21-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. Funeral Home</u> | | 25. ADDRESS <u>K.C. Mo.</u> | |

| | | | | | |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>2-21-53</u> | | REGISTRAR'S SIGNATURE <u>Deraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. Funeral Home</u> | |
| | | | | ADDRESS <u>K.C. Mo.</u> | |

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Kenneth George*

Licensed Embalmer No..... *44*

P. O. Address..... *2611 1/2*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.