WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20844

File No. 5126
Registered No. V 2424

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kansas City — Primary Registration District No. 1002
City Kansas City Mo (No. Research Hos St. Ward)

2. FULL NAME Benjamin F Parker

(a) Residence. No. Ottawa Kans St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Parker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24-1858

7. AGE: Years 70 | Months 1 | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER T. Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sarah A. Rosenberry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa

14. INFORMANT Ethel Parker
(Address) Ottawa Kans

15. FILED 6/24, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 — 1928

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1928, to June 23, 1928, that I last saw h.... alive on June 23, 1928, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Lobar
135A
108
1 [illegible] (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Localized Peritonitis
Supra pubic cystotomy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF June 20-28
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS?
6/24, 1928 (Signed) F M McCaum, M. D
(Address) 1014 Argyle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fredonia Kansas — DATE OF BURIAL: June 25 1928
20. UNDERTAKER: J W Wagner — ADDRESS: 1409 Grand Ave