

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

**38165**  
Do not use this space.

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.

DEC'D DEC 14 1938

1. PLACE OF DEATH Jackson | Registration District No. 399  
 (a) County Kaw | Primary Registration District No. 1005  
 (b) Township Kansas City, Mo. | (d) Street No. W. Fullerton St.  
 (c) City Kansas City, Mo. | (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Mae Parker  
 (a) Residence, No. Bosworth Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fee | 4. COLOR OR RACE Wbr | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1910

7. AGE YEARS 27 MONTHS 11 DAYS 14 | IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Consett, Mo.

FATHER 13. NAME Lewis Parker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Bertha Mae Kelley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Hollis Parker  
 (ADDRESS) Bosworth - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bosworth, Mo DATE Nov 13, 1938

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home  
 (ADDRESS) Mo. Kansas City

20. FILED Nov 11, 1938 M. M. Brown  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th, 1938, to Nov. 11, 1938  
 I last saw her alive on Nov. 10, 1938. Death is said to have occurred on the date stated above, at 7 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Strep Peritonitis  
 Date of onset 6 days

Other contributory causes of importance:  
Acute Perforated Appendicitis (c.d.)

Name of operation Appendectomy Date of Nov 11  
 What test confirmed diagnosis Microscopic Exam Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) F. C. H. H. H., M. D.  
 (Address) 624 Prof Bldg

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

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, above space should be left blank.**