. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20664

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2281

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
2227 Chealsea
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County [illegible]

(c) City or town Bingham
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George F. Parker 626

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie M.Parker

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. (Month) 3 (Day) 1865 (Year)

8. AGE: Years 75 Months 4 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Leather Machine operator

11. Industry or business Retired

FATHER
12. Name William A. Parker
13. Birthplace (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Amanda Humphrey
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Jessie M.Parker
(b) Address Bingham Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Mrs C.L.Forster
(b) Address 918 Brooklyn

19. (a) June 3, 1940 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 31, 1940, 19, to June 1, 1940 that I last saw him alive on June 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 24 hrs —

Due to Hypertension — Antischrasis —

Due to — 9403

Other conditions —
(Include pregnancy within 3 months of death).

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Ralph Perry (M. D. or other) MD
Address 4800 E 24 Date signed 6-1-40

(Licensed Embalmer's Statement on Reverse Side)

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. Theron R. Robinson

Licensed Embalmer No. 2737

P. O. Address. K.C. Mo.

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.