

FILED MAR 14 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. _____

18
23
27

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansality
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
In this community one day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansality
(If outside city or town limits, write "RURAL")
(d) Street No. 3218 N. 23
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sarah Kathryn Parker
(b) If veteran, name war
(c) Social Security No.

20. DATE OF DEATH: Month Feb. day 10
year 1941 hour 2:05 P.M. minute _____ M. _____

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Mar
(b) Name of husband or wife Nathan D. Parker (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Aug. 7 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 8, 1937, to Feb 10, 1941;
that I last saw her alive on Feb 10, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 6 Days 3 If less than one day
hr. _____ min. _____

Immediate cause of death: Coronary occlusion (Thrombosis) Duration 2 days
Due to: Hypertension Arteriosclerosis 4 yrs
Due to: _____

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

Other conditions: 916
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name William C. Cornett
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Alise Lovelady
15. Birthplace Mo
(City, town, or county) (State or foreign country)

Major findings: 94W
Of operations _____
Of autopsy _____

16. (a) Informant Nathan D. Parker
(b) Address 3218 N. 23 KC Kansas
17. (a) removal (b) Date thereof 2-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maryville, Mo.

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? _____

18. (a) Signature of funeral director Fairweather-Werner
(b) Address Kansas City Kansas
19. (a) 2/11/41 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature E. L. Petty (M. D. or other) MD
Address 300 Angelle Bldg Date signed 2-11-41

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 me

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

Signed

J. Chuck Werner

Licensed Embalmer No.

2598

P. O. Address

Kansas City, Kansas

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.