

No. 2  
-10-39  
17-39  
X21492

**FILLED NOV 13 1941**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3791**

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
2502 - Michigan  
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community Seventeen years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson<sup>048</sup>

(c) City or town Kansas City <sup>8</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 2502 - Michigan  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

**3. (a) PRINT FULL NAME** Alberta Parker

**3. (b) If veteran,** name war: \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** negro

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

**6. (b) Name of husband or wife** Ed. Parker **6. (c) Age of husband or wife if alive** 49 years

**7. Birth date of deceased** Jan. 5 - 1896  
(Month) (Day) (Year)

**8. AGE:** Years 45 Month 8 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Little Rock, Ark.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**MOTHER, FATHER**

**12. Name** Albert Lee

**13. Birthplace** Mo. (?)  
(City, town, or county) (State or foreign country)

**14. Maiden name** Ellen Hounty

**15. Birthplace** Greensboro S. C.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Sister - Christine

**(b) Address** 714 - Idaho - N. C., Kan.

**17. (a) Burial** **(b) Date thereof** 10 - 10 - 41  
(Funeral, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Blue Ridge Loma

**18. (a) Signature of funeral director** Tracy - Brown

**(b) Address** 1708 Tracy

**19. (a)** 10/10/41 **(b)** M. M. Crowe  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct. day 4  
year 1941 hour 8:45 minute \_\_\_\_\_ P. M.

**21. I hereby certify that I attended the deceased from** Sept. 27  
\_\_\_\_\_, 1941 to Oct. 4 - 1941  
that I last saw her alive on 10-4- 1941  
and that death occurred on the day and hour stated above.

**Immediate cause of death** Cerebral thrombosis **Duration** 4 hrs.

**Due to** Hypertension

**Due to** \_\_\_\_\_

**Other conditions.** 7/2  
(Includes pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_ **PHYSICIAN** \_\_\_\_\_  
**Of operations** g3a  
**Of autopsy** \_\_\_\_\_  
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?** \_\_\_\_\_

**23. Signature** A. A. Johnson **(M. D. or other)** \_\_\_\_\_  
**Address** 2206 E. 16-18 **Date signed** 10/6/41

WRITE PLAINLY—USE 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.....

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

Signed

*James J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2573 Highland*

**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.