U. S. No. 2
DM—9-4-41(
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17108

State File No.

FILED JUN 8 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2109

48
38

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:
4301½ Main Street - Rear - Upstairs 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 49

(c) City or town: Kansas City 38
(If outside city or town limits, write "RURAL")

(d) Street No. 4301½ Main Street-Rear-Upstairs
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

3. (a) PRINT FULL NAME: Mr. Lester Robert Parks

3. (b) If veteran, name war: No

3. (c) Social Security No. 491-22-4509

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mrs. Arminta Parks

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: September (Month) 23 (Day) 1875 (Year)

8. AGE: Years 66 Months 8 Days 4 If less than one day hr. min.

9. Birthplace: Tryone (City, town, or county) Pennsylvania 1 (State or foreign country)

10. Usual occupation: Contractor

11. Industry or business: Painting and Paper Hanging

FATHER
12. Name: Robert Parks
13. Birthplace: Unknown (City, town, or county) Pennsylvania 1 (State or foreign country)

MOTHER
14. Maiden name: Elizia Hinton
15. Birthplace: Unknown (City, town, or county) Pennsylvania 1 (State or foreign country)

16. (a) Informant: Doris Copeland
(b) Address: 4301½ Main Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 29, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Moriah

18. (a) Signature of funeral director: W. R. Newcomer Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 5-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1942 hour 12 minute 08 A. M.

21. I hereby certify that I attended the deceased from Jan 26, 1942 to May 27, 1942 that I last saw him alive on May 24, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Jaundice	4 mo
Due to: Cancer of the Oesophagus	
Due to: 4 wks	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Biopsy - done & report Cancer	
Of autopsy:	

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 0

23. Signature: Owen Kruegen (M. D. or other)
Address: 220 Argyle Bldg Date signed 5/27/42

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(Licensed Embalmer's Statement on Reverse Side)

220 Argyle Bldg.
12:30-4

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 H C Newcomer Jr

Licensed Embalmer No. 4043

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, fact should be so stated above.