

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

23549

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **2865**

Registration District No. **349**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,

(c) Name of hospital or institution:  
1018 West 38th Street, /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 57 years,  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

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

(d) Street No. 1018 West 38th St.,  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

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3. (a) PRINT FULL NAME Henry Allen Parker,

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Parker,

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 22 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>2</u>	<u>6</u>	hr. min.

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

10. Usual occupation Retired,

11. Industry or business V. P. Abernathy Furniture Co.

MOTHER FATHER

12. Name Isaac Parker,

13. Birthplace Ohio, /  
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Newby,

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

16. (a) Informant Mrs. H. A. Parker,

(b) Address 1018 West 38th St., K. C., Mo.

17. (a) Burial (b) Date thereof 7-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-29-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th  
year 1942 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from July 27  
July 28 1942 to July 28 1942  
that I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 3 days

Due to Arterio Sclerosis

Due to 9/4 a

Other conditions 9/4 a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature C. E. Colburn (M. D. or other) \_\_\_\_\_  
Address Kansas City, Kans Date signed 7/30/42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. C. E. Coburn,  
Briarwood Bldg  
N. C. Tenn

**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 E. M. Plaver

Licensed Embalmer No. 1848

P. O. Address N. C. Tenn

**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.