

FILED AUG 21 1943 149
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: General Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 hours
 (Specify whether years, months or days) 30 Years

3. (a) PRINT FULL NAME Mr. James Phillip Parker
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Mamie Parker
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased May 4 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 4 hr. min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER {
 12. Name Willis Parker
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Unknown
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Parker
 (b) Address 4800 McGee Street

17. (a) Entombment (b) Date thereof Aug 11 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director A. H. McCombs, Inc.
 (b) Address 1401 Brush Creek Blvd.

19. (a) 8-10-43 (b) J. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 4800 Mc Gee
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
 year 1943 hour 3 minute 35 P.M.
 21. I hereby certify that I attended the deceased from August 8 1943
 to August 8 1943
 that I last saw him alive on August 8 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion

Due to _____
 Due to 94a

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy See Above

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)
 Means of injury _____
 23. Signature Dwight R. Johnson (M. D. or other) _____
 Address _____ Date signed _____

APR 12 1944

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.....

Licensed Embalmer No.....

P. O. Address:.....

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.