V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27435

State File No. 3665

SEP 7 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 2104 E. 16th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 21 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 2104 E. 16th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Parker

3. (b) If veteran, name war —

3. (c) Social Security No. 486-03-3120

4. Sex M.

5. Color or race Col.

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

6. (b) Name of husband or wife Jessie Parker

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov. (Month) 1 (Day) 1901 (Year)

8. AGE: Years 41 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Chapman Dairy

MOTHER FATHER

12. Name Charley Parker

13. Birthplace Unknown (City, town, or country) (State or foreign country)

14. Maiden name Sophia

15. Birthplace Unknown (City, town, or country) (State or foreign country)

16. (a) Informant Jessie Parker
(b) Address 2104 E. 16th K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cem.

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 8-24-43 (Date received local registrar) (b) T. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th year 1943 hour 4 am minute M.

21. I hereby certify that I attended the deceased from ..... 19.., to Aug. 19th 1943
that I last saw him alive on Aug. 19th 1943
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Toxemia
Due to Miliary Tuberculosis
Due to Hypertrophic Cirrhosis of liver
Due to 22 a
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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

23. Signature Anthony Lemmes (M. D. or other)
Address 2624 Independence Blvd. Date signed Aug 22 1943

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(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore,

Licensed Embalmer No. 948

P. O. Address Kansas City

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.