S. No. 2
M—2-43

FILED
SEP 21 1943

30892

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3784

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7

(c) City or town Adrian
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Marvin Curtis 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 8 (Day) 1929 (Year)

8. AGE: Years 14 Months 1 Days 22 If less than one day 23 hr. min.

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

10. Usual occupation School

11. Industry or business

FATHER 12. Name L. W. Parker

FATHER 13. Birthplace White Cloud Kas. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Lena May Thrailkill

MOTHER 15. Birthplace Robinson Kans. (City, town, or county) (State or foreign country)

16. (a) Informant L. W. Parker

(b) Address Adrian Mo. RR. #3

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Kans

18. (a) Signature of funeral director F. O. Sidenfaden

(b) Address St Joseph Mo.

19. (a) 9-1-43 (Date received local registrar) (b) Def. R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 28th, 1943, to Sept. 1, 1943 that I last saw him alive on Sept. 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyelomyelitis	
Poliomyelitis	
Due to	
36	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy See above

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 Henry R. Thorn (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Leon E. Hodges

Licensed Embalmer No. 2729

P. O. Address St Joseph 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.