

FILED APR 8 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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:  
2628 E. 6st Apt. #3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community 60yrs  
years, months or days)

3. (a) PRINT FULL NAME Maggie Myrtle Parks

3. (b) If veteran, name war. -- no 3. (c) Social Security No. none

4. Sex Fe / 5. Color or race Wh 6. (a) Single, widowed, married, divorced. Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. November 19 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 3 hr. \_\_\_\_\_ min.

9. Birthplace. Jefferson County, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Self

12. Name Jonathan S. Potts

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

14. Maiden name Nancy Vandergraft

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

16. (a) Informant Earl Parks

(b) Address 2628 E. 6st, K.C. MO

17. (a) Burial (b) Date thereof Mar 24, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address Kansas City, Missouri

19. (a) 3-24-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2628 E. 6st. Apt. #3 **8**  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1947 hour 1:05PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April, 1946 to Mar 22, 1947  
that I last saw her alive on Mar 21, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Hypostatic Pneumonia  
Due to Old age & debility

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 107

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 G. Welch (M. D. or other) DO  
Address 2608 Ind. Ave. Date signed 3/24/47

**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 C. K. McFarland

Licensed Embalmer No. 4399

P. O. Address Kansas City 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.**