

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED MAY 14 1947

Registration District No. 46

Primary Registration District No. 3026

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days
(Specify whether years, months or days)

In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 14
(If outside city or town limits, write "RURAL")

(d) Street No. 103 South Pendleton 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 5
If yes, name country _____

3. (a) PRINT FULL NAME WALTER REESE PARKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 February 1, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>26</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Broker

11. Industry or business _____

12. Name Alexander S. Parker

13. Birthplace England
(City, town, or county) (State or foreign country) 4

14. Maiden name Fannie Elizabeth Reese

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country) 0

16. (a) Informant Mr. Vernon A. Reese

(b) Address Independence, Missouri

17. (a) Cremation (b) Date thereof 5/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Robert H. Sparks

(b) Address Independence, Missouri

19. (a) 4-29-47 (b) [Signature]
(Date received local registrar) (Registrar's signature) 2-57

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1947 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from March 14, 1947, to April 27, 1947.
that I last saw him alive on April 27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death
Cardio-vascular renal (end) disease & Cardiac decompensation & general atherosclerosis

Due to _____
Other conditions Chronic Dehydration & other heart block, Chills - Venous
(Include pregnancy within 3 months of death)

Major findings: cardiovascular
Of operations: no operation
Of autopsy: no 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? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Independence Date signed 5-28-47

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

MOTHER, FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Poland P. Sparks

Licensed Embalmer No. 3604

P. O. Address Indy, 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.