S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1947

Registration District No. 1997

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17560

Registrar's No. 2220

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

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 30 yrs.

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.: 7919 Mercier St. 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Daisy M. Parker

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: B. C. Parker

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Feb. (Month) 22 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	25	hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: C. F. Roberts
13. Birthplace: (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name: Dora Rockhill
15. Birthplace: (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: B. C. Parker

(b) Address: 7919 Mercier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Warrensburg, Mo.

18. (a) Signature of funeral director: Gates Funeral Home

(b) Address: Kansas City, Kansas.

19. (a) 5-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 17 year: 1947 hour: 3 minute: 20 p.m.

21. I hereby certify that I attended the deceased from May 14, 1947 to May 17, 1947 that I last saw her alive on May 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 4 days

Due to: Arteriosclerosis

Due to:

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

Major findings: Of operations: 8 30

Of autopsy:

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? (Specify type of place) 2

While at work? (e) Means of injury:

23. Signature: L. L. Graham (M. D. or other) DO

Address: 811 Chambers Bldg. Date signed: 5-17-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. J. Graham - Please sign
Chamber Bldg. Will Bear up Tuesday A.M.

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 308 East 68 Ter

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.