No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1948

Registration District No. 1409

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 41859
Registrar's No. 5534

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: KCTB HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YRS - 11 MOS - 14 days (Specify whether
In this community 3 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 EUCLID AVE
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PARKER, I.V. GARLAND

3. (b) If veteran, name war no

3. (c) Social Security No 429-18-6794

4. Sex M

5. Color or race NEGRO

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased SEPT. (Month) 11 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	3	20	hr. min.

9. Birthplace FAYETTEVILLE (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation BUTCHER

11. Industry or business

FATHER
12. Name PARKER, JAMES
13. Birthplace HINDSVILLE (City, town, or county) ARKANSAS (State or foreign country)

MOTHER
14. Maiden name WILKS, JANE
15. Birthplace HINDSVILLE (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant KCTB HOSPITAL
(b) Address LEEDS, MISSOURI

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 1-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation FAYETTEVILLE, ARK.

18. (a) Signature of funeral director Conway Andrews
(b) Address 1607 N. 10th St. Kansas

19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 31st year 1947 hour 4 20 AM minute A.M.

21. I hereby certify that I attended the deceased from ~~1-17-45~~ 11-1, 1947, to 12-31, 1947 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	3 yr.
Due to	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 136

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 William David May (M. D. or other) M.D.
Address K. C. 3, Missouri Date signed 12-31-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1948

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 Embalmer in Kansas, Registered Apprentice No. ....., working under my personal supervision.

Signed Amey Andrews

Licensed Embalmer No. 1932

P. O. Address McPherson

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.