

P. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5015
State File No. _____
531
Registrar's No. _____

Registration District No. 149 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: K.C. General Hosp. No. 1, K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days
In this community 4 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Dempster Parker
(b) If veteran, name war None
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 5th
year 1948 hour 9 minute 15 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Iona Parker
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug. 21 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-10-48 to 2-5-48
that I last saw him alive on 2-5-48
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 5 14
hr. min.

Immediate cause of death Confluent Bronchopneumonia
Duration _____

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

Due to _____
Due to _____

10. Usual occupation R. R. Work

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 107
Of operations _____

11. Industry or business _____

Of autopsy See above
PHYSICIAN _____

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Herbert Beers

(b) Address 412 East 6th St. Hoisington, Kan

17. (a) Removal (b) Date thereof 2-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hoisington, Kansas

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 2-6-48 (b) Stoddard Holman
(Date received local registrar) (Registrar's signature)

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?
K
(Specify type of place) (e) Means of injury _____

23. Signature Wm W. Hart (M. D. or other) MD
Address Dir. K.C. Gen. Hosp, K.C. Mo. Date signed 2-6-48

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

MOTHER FATHER

MAY 25 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Blaine E. Walker

Licensed Embalmer No. *4075*

P. O. Address *K.C. 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.