

FILED MAR 20 1948
1949

Registrar's No. 954

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 DAYS
(Specify whether
In this community 29 YRS.
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. 825 E. 10TH ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NEALIE PARKER

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

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years 6, 1882

7. Birth date of deceased MARCH (Month) 6, (Day) 1882 (Year)

8. AGE: Years 65 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant HOWARD TRAVIS (SON)

(b) Address 825 E. 10TH STREET

17. (a) Burial (b) Date thereof 5 MAR 5 48 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director

(b) Address 2200 E. 12th

19. (a) 3-1-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 27, year 1948 hour 5: minute 30 P. M.

21. I hereby certify that I attended the deceased from JANUARY 24, 1948 to FEBRUARY 27, 1948

that I last saw h. ER alive on FEBRUARY 27, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT

Duration

Due to HYPERTENSIVE HEART DISEASE

Due to _____

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

Major findings: Of operations 93 2

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?

While at _____ (Specify type of place) (Means of injury)

23. Signature _____ M.D. or other M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 2/28/48

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 embalmed by me, or by.....

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

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.