

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2517

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:
912 CHARLOTTE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 YEARS
years, months or days)

3: (a) PRINT FULL NAME Mrs. MINNIE BELLE MACKLIN PARKS

3: (b) If veteran, name war No 3: (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. DAVID PARKS 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOVEMBER - 26 - 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace PRAIRIE HOME ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name B. L. WORTHMAN

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

14. Maiden name ELIZABETH HIGGINS

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

16. (a) Informant Mrs. Floyd S. Macklin

(b) Address 912 Charlotte

17. (a) Burial (b) Date thereof June 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEAR UNIONTAR, MISSOURI

18. (a) Signature of funeral director D. W. Newcomer & Sons

(b) Address 1401 BRUSH CREEK BLVD. KCMO

19. (a) 6-15-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 912 CHARLOTTE STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 13TH
year 1948 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 1 1948 to June 13 1948
that I last saw her alive on June 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute poisoning of heart by Salycan-Theophyllin (drug) Duration 2 1/2

Due to _____
Due to 938

Other conditions Arteriosclerotic Heart Disease; Heart Failure
(Include pregnancy within 3 months of death)

Major findings: Of operations Injection of Salycan-Theophyllin. 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 work? _____ (Specify type of place) (e) Means of injury _____
23. Signature V. C. Layton (M. D. or other) M.D.
Address 924 Argyle Bldg Date signed 6/14/48

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

MOTHER FATHER

937
1-5
Wynke Body

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.