.S. No. 300
EV. 10.48

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37447

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4757

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dresden Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo
d. STREET ADDRESS (If rural, give location): 510 E 8th

48 3 8 13

3. NAME OF DECEASED (Type or Print)
a. (First): NAPOLEON
b. (Middle): M.
c. (Last): PARKE

4. DATE OF DEATH (Month) (Day) (Year): Nov 8 1949

5. SEX: male O
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): wid 2
8. DATE OF BIRTH: Sept 4 ~~1860~~ 1861
9. AGE (In years last birthday): ~~89~~ 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller
10b. KIND OF BUSINESS OR INDUSTRY: Continental Baking Co.
11. BIRTHPLACE (State or foreign country): Vera Ill. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James M Parke
13b. MOTHER'S MAIDEN NAME: Elizabeth Penny
14. NAME OF HUSBAND OR WIFE: May Wesner Parke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Hazel Partee, Memphis Tenn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH (acute)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation — 1 yr
DUE TO (c) Senile Arteriosclerosis — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/14, 1949, *to* 11/7, 1949, *that I last saw the deceased alive on* 11/4, 1949, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C. Mc Clanahan (Degree or title): Robert C. McClanahan MD
23b. ADDRESS: 820 Professional Bldg
23c. DATE SIGNED: 11/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-9-1949
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Memphis Tenn

DATE REC'D BY LOCAL REG.: 11-9-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C.H.Blackman & Son, Inc Kansas City

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R D Blackman

Signed.....
Student Embalmer

Licensed Embalmer No. 3639

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 37447

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4757

On this 9th day of Jan, 1950, before me appears Mrs. Hazel Partee, who, upon her oath, states that the original record of ~~birth~~ death for Napoleon Parke died ~~born~~, 19....., in the State of Missouri, and which was filed at Kansas City, Mo. on 11-9-1949, should be corrected as follows:

Item No. 8 should read September 4 1861

Instead of September 4 1860

Item No. 9 should read 88

Instead of 89

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Hazel Partee Daughter
Relationship.

1616 Central Ave., Memphis, Tenn.
Present Address.

Subscribed and sworn to before me this 9 day of Jan, 1950

My Commission expires My Commission Expires Apr. 8, 1951

J. G. Stamberger Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
DM—4-43
I X36667