

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8725  
1107

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1107

1. PLACE OF DEATH

a. COUNTY  
**JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
**KANSAS CITY**

c. LENGTH OF STAY (In this place)  
**45 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**GENERAL HOSPITAL #2**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE  
**MISSOURI**

b. COUNTY  
**JACKSON**

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
**KANSAS CITY**

d. STREET ADDRESS (If rural, give location)  
**2413 Woodland Avenue**

3. NAME OF DECEASED (Type or Print)

a. (First)  
**WILL**

b. (Middle)  
**PARKER**

c. (Last)  
**PARKER**

4. DATE OF DEATH (Month) (Day) (Year)  
**MARCH 9 1951**

5. SEX  
**MALE**

6. COLOR OR RACE  
**NEGRO**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**MARRIED**

8. DATE OF BIRTH  
**MARCH 25 1888**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.  
**62**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**AT HOME**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**RICHMOND, MISSOURI**

12. CITIZEN OF WHAT COUNTRY?  
**U. S.**

13a. FATHER'S NAME  
**SAM PARKER**

13b. MOTHER'S MAIDEN NAME  
**ROSA PARKER**

14. NAME OF HUSBAND OR WIFE  
**HAZEL PARKER**

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.  
**No**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**HAZEL PARKER 2413 Woodland Avenue**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **UNDETERMINED**

ANTECEDENT CAUSES

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

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

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)

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 **3-8**, 19 **51** to **3-9**, 19 **51** that I last saw the deceased alive on **3-9**, 19 **51**, and that death occurred at **9:40A** m., from the causes and on the date stated above.

23a. SIGNATURE  
**E. Frank Ellis**

23b. ADDRESS  
**600 East 22nd Street**

23c. DATE SIGNED  
**3-12-51**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE  
**3/12/51**

24c. NAME OF CEMETERY OR CREMATORY  
**Highland Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Kansas City, Missouri**

DATE REC'D BY LOCAL REG.  
**3-12-51**

REGISTRAR'S SIGNATURE  
**Seraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Walter L. Cross, 1729 Lydia**

(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 *J. Jerome Manlove*

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.